

OTHER CHILDREN RESIDING IN THE HOME

| Name | Gender | Birthdate | School Attending | Grade |
|------|---|-----------|------------------|-------|
| | <input type="checkbox"/> M <input type="checkbox"/> F | / / | | |
| | <input type="checkbox"/> M <input type="checkbox"/> F | / / | | |
| | <input type="checkbox"/> M <input type="checkbox"/> F | / / | | |
| | <input type="checkbox"/> M <input type="checkbox"/> F | / / | | |
| | <input type="checkbox"/> M <input type="checkbox"/> F | / / | | |

CURRENT LIVING SITUATION

Where is the student currently living?

 In permanent housing In a shelter In a hotel/motel In a car, park, bus, train or campsite

 With another family or other person because of loss of housing or as a result of economic hardship

 Other temporary living situation (describe): _____

 Student was covered under the McKinney Vento Act (homeless) at a previous school during the current school year.

(If yes, please check the homeless box on the free/reduced lunch application.)

SPECIAL INFORMATION

Please indicate any services the student received at previous school:

 Special Education (IEP) Speech and Language 504 Plan Title 1 Services
Are there any special academic, behavioral, medical or legal matters we need to know about? No Yes

If yes, please explain _____

Note: If your child received any special ed or speech and language services, please ask for a temporary placement form**HEALTH INFORMATION**Special Health Conditions: Diabetes Asthma Seizures Heart Other _____Allergies: Bee stings Environmental Food Explain _____

Is student currently taking any prescribed medication? Please list: _____

SUSPENSION/EXPULSIONCheck One: Has not been expelled from another school Is currently under suspension from another school
 Has been expelled from another school or has expulsion pending
EMERGENCY CONTACTS (OTHER THAN PARENTS)

| | | |
|------|-------------------------|-----------|
| Name | Relationship to student | Phone No. |
|------|-------------------------|-----------|

| | | |
|------|-------------------------|-----------|
| Name | Relationship to student | Phone No. |
|------|-------------------------|-----------|

Is there any person who does NOT have permission to contact student at school? No Yes

If yes, please provide name and explanation _____

Note: If a birth parent does NOT have permission to contact student at school, legal paperwork is required for verification.**PREVIOUS SCHOOL AND EARLY CHILDHOOD INFORMATION**

Previous School: _____ City/State: _____

Where was the student before kindergarten? (check all that apply)

 GSRP Head Start Family/relative care Private child care center Tuition based preschool Early child special ed

 Young 5/developmental or transitional kindergarten Other – describe _____

What was the schedule of primary care prior to kindergarten?

 Part-day, 4 days/week Part-day, 5 days/week School-day, 4 days/week School-day, 5 days/week

 Other schedule – describe _____
PARENT/GUARDIAN SIGNATURE

The undersigned hereby acknowledges that the information provided on this form is true and accurate. The undersigned understands that it is his/her responsibility to inform the school office when any of the information on this form changes. I authorize Niles Community Schools to consent to medical treatment for my child in my absence. I also accept responsibility for payment of medical services rendered.

→ Printed name of parent/guardian

→ Signature of parent/guardian

OFFICE USE ONLY
 Entered in PS Enrolled list Birth certificate Proof of residency Immunizations Concussion form E/L survey

 McKinney Vento form sent Health information to necessary personnel Records Requested 4/21

Student No. _____ Bus _____ Teacher/Counselor _____ Locker # _____