

Emergency Contact Information

There have been instances when we could not reach parents or guardians of injured or ill children because this form was not accurate or complete. Please complete this form so we can keep our records up-to-date and initiate emergency care quickly. This information is confidential. Your signature acknowledges that this information will be maintained at school and may be shared with transportation. If there are any significant changes in your student's health, please keep the health office informed. It is the parent(s)/guardian(s) responsibility to make arrangements for proper care in case their child should meet with an accident/illness at a time when the parent is away from home.

Please list three relative, neighbors, etc., who will assume temporary care of your child if the above parties cannot be reached.

Contact 1

Name _____ Relation to Student _____

Cell (____) _____ Work (____) _____ Home (____) _____

Comments: _____

Contact 2

Name _____ Relation to Student _____

Cell (____) _____ Work (____) _____ Home (____) _____

Comments: _____

Contact 3

Name _____ Relation to Student _____

Cell (____) _____ Work (____) _____ Home (____) _____

Comments: _____

Medical Information

Doctor _____ Medical Facility _____ (____) _____
Phone _____

Dentist _____ Dental Facility _____ (____) _____
Phone _____

Hospital _____ Location _____ (____) _____
Phone _____

The welfare of your child is our first consideration. Should a serious injury or illness occur at school, the following actions will be taken immediately:

1. The school nurse will be called.
2. If the nature of the illness/injury is severe and/or the parent/emergency contacts cannot be reached, 9-1-1 will be called and the student will be transported to the local clinic/emergency room as deemed most appropriate by the paramedics/emergency personnel. Any charges incurred, are the responsibility of the parent/guardian.
3. In the event school officials are unable to contact the parent(s)/guardian(s), the judgment of the doctor pertaining to the matter will govern.
4. In the event the parent(s)/guardian(s) do not want this procedure followed, a written notification expressing your wishes should be directed to the school nurse.

This information may be maintained at school, shared with appropriate staff and transportation as needed.

Parent/Guardian Signature _____ Date _____

OR

Do NOT share this information.

Parent/Guardian Signature _____ Date _____

Home Language Questionnaire
ED-01336-08E

The following is to be completed by School District Personnel:

STUDENT IDENTIFICATION INFORMATION		
Student's Full Name		
Date Of Birth	Age	Grade Level

DISTRICT INFORMATION/VERIFICATION INFORMATION		
School name	District number	
I hereby verify that the above information is true and accurate to the best of my knowledge and belief.		
_____ Name (Printed)		
_____ Signature – Responsible Authority	_____ Title	_____ Date

The following is to be completed by Parent/Guardian:

STUDENT LANGUAGE INFORMATION	
<p><i>Dear Parents and Guardians:</i> <i>In order to help your child learn, your child's teachers need to determine which language your child uses most.</i> <i>Please respond to the questions below by checking the appropriate box.</i></p>	
1. Which language did your child learn first?	<input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____
2. Which language is most often spoken in your home?	<input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____
3. Which language does your child usually speak?	<input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____

PARENT/GUARDIAN INFORMATION	
I hereby verify that the above information is true and correct to the best of my knowledge and belief.	
_____ Name (Printed)	
_____ Signature – Parent/Guardian	_____ Date



ISD 508 McKinney-Vento Questionnaire

Your child may be eligible for additional educational services through Title 1 Part A, Title 1 Part C-Migrant and/or Federal McKinney-Vento Assistance. Eligibility can be determined by completing this questionnaire.

1. Presently, are you and/or your family in any of the following situations? Check one box.

- A. Staying in shelter, trailer, or waiting for foster care placement.
- B. Sharing the housing of others due to loss of housing, economic hardship, similar reason: doubled-up.
- D. Living in a car, park, campground, public space, abandoned building, substandard housing or similar.
- E. Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason.
- U. Unknown nighttime residence.

2. Unaccompanied Youth: not in the physical custody of a parent or guardian. Check one box.

- Y. Student is with an adult that is not a parent or legal guardian, or alone without an adult.
- N. Student does not meet the definition of "Unaccompanied Youth"

3. Have you moved in the past 3 years to seek work as a paid laborer in any type of farming (sod, dairy, chicken, vegetable, citrus, or other) or fishing? (Check one) ___ Yes ___ No

- 1, 2 or 3 do not apply. **STOP:** if you check this box, you do NOT need to complete the remainder of this form. Submit this form to school personnel.

4. What date was the first night of transition or homelessness? _____

5. Student Name(s) and grades: (ONLY ONE FORM PER FAMILY IS NECESSARY.)

The undersigned certifies that according to information provided above, the student listed meets the definition of "Homeless" as stated in McKinney-Vento Act (subtitle B, sect. 725) of July 1, 2002

Print Parent/Guardian Name

Signature

Date

**

District Use Only

District Homeless Liaison or Administrator: Based on the above information and a brief interview/inquiry with and/or this family, I attest that to the best of my knowledge they are eligible for benefits under the McKinney-Vento Act.

Print - District Homeless Liaison (required)

Title

Signature (required)

Date