

Stratham Memorial School

Student Information 2015-2016

Student Name _____
Address _____
City, State, Zip _____
Home Phone _____

Mailing Address _____

Student ID _____
SASID # _____
Grade _____
Homeroom _____
Trans Type _____
Bus No. _____
Date of Birth _____
Place of Birth _____
Gender _____

Home Language (if not English, indicate number): _____
French (01) Spanish (02) Chinese (03) Greek (04) Finnish (05) Italian (06) Portuguese (07) Polish (08) Japanese (09) American Sign (10) Vietnamese (11) German (12) Other (99)

Ethnicity _____
(1)-American Indian/Alaskan Native, (2)-Asian, (3)-Hispanic, (4)-Black non-Hispanic, (5)-White, non-Hispanic, (6)- Native Hawaiian or other Pacific Islander
*** Enter all the numbers that pertain to your child ***

Parent 1 Name _____ Custodial parent:
Mailing Address (if non-custodial) _____ City, State, Zip _____

Home Phone _____
Cell Phone _____
Employer Phone _____
Employer Name _____

Parent 2 Name _____ Custodial parent:
Mailing Address (if non-custodial) _____ City, State, Zip _____

Home Phone _____
Cell Phone _____
Employer Phone _____
Employer Name _____

Guardian's Name _____
Guardian's Relationship _____

Home Phone _____
Cell Phone _____
Employer Phone _____
Employer Name _____

Step Parent's Name _____
(Living with student) _____
Guardianship: _____
(Parents, Mother, Father, Grandparent, Foster Parents, Guardian, Mother/StepFather, Father/StepMother, Other)

Home Phone _____
Cell Phone _____
Employer Phone _____
Employer Name _____

Email Address Contacts _____
Single Parent Household: _____
(True or False)

Please Notify School with Written Restrictions or Court Orders
Court Orders Filed (Y/N) _____
Who has custody? _____

Emergency Contact Information

Please list three other adults who would be willing to assume temporary care of your child and/or be contacted in case of our inability to contact a parent or guardian.

	Contact #1 Name	Relationship	Daytime Phone Number	Cell Phone
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

In case of unexpected early dismissal due to emergency situation (e.g. snow storm) my child should:

Follow regular end of day procedure

Walk to the home of: _____

Take Bus # _____ to the home of: _____

My child has been instructed in the procedure to follow if there is an emergency dismissal from school. In the event of an area or school emergency, all SAU16 students will follow their school's emergency guidelines.

Student Name: _____

Physician's Name and Phone: _____

Health Insurance Company: _____ Member ID#: _____

Dentist's Name and Phone: _____

Dental Insurance Company: _____ Policy#: _____

AlertNow Contact: Please indicate the name and number to contact in case of an emergency, snow day, and/or delay opening. This call may come at any time of day. _____

Phone: _____

In case of accident or serious illness, I request that the school call me. If the school is unable to reach me, I authorize the school to call the emergency contact listed above. The school may also make whatever arrangements seem necessary, including calling an ambulance and transporting my child to the hospital.

Parent Signature _____ Date _____

INSURANCE

We **DECLINE** purchase of this insurance for: _____ Grade _____

We **WILL** purchase coverage for: _____ Grade _____

and have mailed the application directly to the Insurance Agency in the envelope provided.

Please indicate YES or No on the following with your initials in the appropriate box.

YES NO

HANDBOOK: I/We have read the Student Handbook with my/our student. _____

VIDEO RELEASE: Permission is hereby granted for my student to participate in photographed and videotaped school related activities. I understand that such photographs and videotaped productions are being used for educational and/or school related purposes only, and that as such, these photos and programs may be printed in local newspapers and/or shown on local cable television stations. I also understand that these photos and programs will not be duplicated or sold for profit. _____

FIELD TRIP RELEASE: Permission is hereby granted for my student to participate in school sponsored field trips both within the communities of the SAU16 Regional School District and to places of educational interest in nearby communities or in adjoining states, during the current school year. It is understood that I will be given prior notification of an educational field trip. This permission remains on file with the principal unless rescinded. _____

POTASSIUM IODIDE (KI): The Nuclear Regulatory Commission has enabled the schools of SAU 16 to offer to each school aged child who attends a SAU 16 school and lives in an Emergency Planning Zone (EPZ) surrounded Seabrook Station, to receive one 130 mg tablet of potassium iodide from the State of New Hampshire to use in the event of a radiological emergency. Would you like the SAU 16 Office to obtain one 130 mg tablet of potassium iodide (KI) for your child? _____

MILITARY: Do you give permission to disclose your child's name, address or telephone number to the US Military. (grade 11 & 12 only) _____

Computer Network, Internet Use, and Publishing Permission:

YES NO

Internet Permission: I grant my child permission to use the Internet per AUP and filter policies _____

Website Permission: I will allow my child's writing, picture, movie or sound recording to be published on the school website: _____

Newspaper Publication: I grant permission for my child's photo to appear in the newspaper. _____

Home Computer Access: Does your child have access to a computer at home? _____

Home Computer Internet Access: Does your home computer have Internet Access? _____

Phone number: can be published? _____