

Student's Name _____

Revised 6.26.07

PLEASE CHECK ONE OF THE FOLLOWING WHICH BEST DESCRIBES YOUR CHILD (per Federal/State regulations/definitions DOE-STN)

Asian (A)	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent
Black (African American) (B)	A person having origins in any of the black racial groups in Africa
Hispanic or Latino Origin (H)	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race
American Indian or Alaskan Native Origin (I)	A person having origins in any of the original peoples of North America and maintaining culture identification through tribal affiliation or community recognition
Multiracial (M)	A person having a biological parent who is of a different race from the other biological parent or a person whose parent or parents are multiracial
Native Hawaiian or Pacific Islander (N)	A person having origins in any of the original peoples of the Pacific Islands
White, not of Hispanic or Latino Origin (W)	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East

EMERGENCY AND AUTHORIZED PICK-UP LIST. List below **ALL** persons (other than those listed in the family information on the other side) who have your permission to pick up your child. Your child will not be released to anyone who is **NOT** on this list. (To exclude a child's parent, submit the appropriate paperwork/documentation to the school office.) This list will also be used in the event we cannot reach you with a medical concern.

Name (must be 16 or older)	Relationship to Child	Address	Main Telephone	2 nd Telephone	3 rd Telephone

EARLY DISMISSAL-In the event of an unplanned early dismissal (i.e., school closing due to weather, facility problems, etc.) my child is to do the following (**CHOOSE ONE**):

Follow normal dismissal plan	Special Programs [please check all that apply] <input type="checkbox"/> Gifted/Talented (Accelerated Learning Program) <input type="checkbox"/> Special Education (IEP) <input type="checkbox"/> Section 504 <input type="checkbox"/> Speech/Hearing
Walk or Ride Bus # _____ to _____ at _____ (friend or relative) (address)	
Go with _____ (name of student)	
Be picked up by parent/guardian or one of the listed above authorized pick-up persons	

I, _____ the parent/legal guardian of _____ have received, read, and understand the School Records/Directory Information published in the "Back to School Guide" and believe the information contained on this form to be complete, accurate and true.

Parent/Guardian Signature _____ Today's Date _____