

**SECTION I – STUDENT DEMOGRAPHIC INFORMATION:**

**Full Name:** \_\_\_\_\_ **School Year:** \_\_\_\_\_  
(First, Middle and Last)

**Gender:** Male Female **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Homeroom:** \_\_\_\_\_

**Is this student Hispanic/Latino?** Y or N **Teacher:** \_\_\_\_\_

**Is this child from one or more of the following races:** White, Asian American or Alaskan Native  
(Please circle all that apply) Black or African American Native Hawaiian or Pacific Islander

**Mailing Address:** \_\_\_\_\_ **Physical Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**SECTION 2 – PARENT/GUARDIAN INFORMATION:**

**Biological/Adoptive Father's Name:** \_\_\_\_\_ **Biological/Adoptive Mother's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Home #:** \_\_\_\_\_ **Home#** \_\_\_\_\_

**Cell#** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **Employer Name:** \_\_\_\_\_

**Work #:** \_\_\_\_\_ **Work #:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Should this parent receive copies of correspondence?** Y or N **Should this parent receive copies of correspondence?** Y or N  
(If no, documentation must be provided) (If no, documentation must be provided)

**With whom does this child live (circle one)?** Biological/Adoptive Parents Biological/Adoptive Father Grandparent  
Biological/Adoptive Mother Legal Guardian Foster Parents

*\*\*If this child lives with anyone other than the biological parents, court-papers must be furnished or on file in our office.  
\*\*If this child's parents are divorced, a copy of the divorce decree must be furnished or on file in our office.*

**If this child lives with someone other than his biological or adoptive parent, please complete this section:**

**Foster Parent's Names:** \_\_\_\_\_ **Guardian/Caseworker's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Home #:** \_\_\_\_\_ **Home#** \_\_\_\_\_

**Cell#** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **Employer Name:** \_\_\_\_\_

**Work #:** \_\_\_\_\_ **Work #:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**The name of the school district in which the biological parents live:** \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

**SECTION 3 - CUSTODIAL PARENT GUARDIAN TO GRANT CONSENT FOR EMERGENCY MEDICAL TREATMENT**

Purpose: To enable parents/guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority when parents or guardians cannot be reached.

**Emergency Contact #1** Relationship: \_\_\_\_\_  
(Other than Parent/Guardian)

**Emergency Contact #2** Relationship: \_\_\_\_\_  
(Other than Parent/Guardian)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home #: \_\_\_\_\_

Home# \_\_\_\_\_

Cell# \_\_\_\_\_

Cell# \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Work #: \_\_\_\_\_

Work #: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**Preferred Dentist:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Preferred Doctor:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Specialist to be called:** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Preferred Hospital:** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Facts Concerning the child's medical history and Physical impairment to which a physician should be notified:** \_\_\_\_\_

\_\_\_\_\_

**Medications that this child is taking:** \_\_\_\_\_

\_\_\_\_\_

**Please list any allergies:** \_\_\_\_\_

\_\_\_\_\_

**PLEASE CHECK ONE:**

**To grant consent:**

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-mentioned doctor or, in the event, the designated practitioner isn't available, by any other licensed physician or dentist: and (2) the transfer of the child to the preferred hospital or, any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concur in the necessity for such surgery, and are obtained prior to the performance of such surgery.

**Refusal to consent:**

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to: \_\_\_\_\_

\_\_\_\_\_

**Signature/Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

**SECTION 4 - ONLY NEW STUDENTS (or students that are re-enrolling) NEED TO COMPLETE THIS SECTION:**

SSN: \_\_\_\_\_

Is your child in any special programs or do they receive special services (Special Education, Gifted Program, Speech/Language Therapy)? Y or N

If yes, please explain: \_\_\_\_\_

Has your child ever attended Crestwood Local Schools in the past? Y or N Is your child in Band/Choir? (please circle)

Has your child ever been retained? Y or N If so, in which grade was (s)he retained? \_\_\_\_\_

Has your child moved to the U.S. from another country and been in school less than 3 years? Y or N

The child's Native Language (the language the child first spoke): \_\_\_\_\_ The language spoken in the home: \_\_\_\_\_

The name of the School District where the child was previously enrolled: \_\_\_\_\_

**SECTION 5 - SIBLINGS:**

The name and ages/grades of the child's siblings: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 6 - CONTACTING YOU**

**Student Absences**

The Ohio Missing Children's Act became effective on April 1985. The law states that each day a student is absent from school the parent/guardian must notify the school between 8:00 A.M. – 10:00 A.M. the day the child to be absent from school. If you do not notify the school it will become necessary for the school to contact you either at home, on your cell phone or at your place of employment. Please indicate by checking the appropriate column next to number below.

**Blackboard Connect**

The Crestwood Local School District uses the Blackboard Connect Notification Service which will allow us to send telephone messages to you about school emergencies, various announcements, and school delays and cancellations due to inclement weather.

What you need to know about receiving calls through Blackboard Connect:

- Caller ID will display the schools main number when a general announcement is delivered.
- Caller ID will display 411 if the message is an emergency.
- The primary phone number (the phone number listed as the home number for the student) will be called for standard announcements. For emergency calls the home number will be called as well as the numbers of the Primary Contact and the Emergency Contacts.
- Press 1 to replay the message if necessary.

The successful delivery of information is dependent upon us having accurate contact information for you. Please complete the section below:

Person to call	Relationship – type of number	Number	Call if school is cancelled	Call in case of emergency	Call if my child is absent & I didn't call in	Call with standard announcements
Example 1: Susan Smith	Mother – Home	330.555.1212	√	√	√	√
Example 2: Susan Smith	Mother – Work	330.555.1234		√		

STUDENT NAME: \_\_\_\_\_

**SECTION 7 - INTERNET USE POLICY**

Board Policy 7540.03 entitled Student Network and Internet Acceptable Use and Safety (adopted 5/4/06) required written agreement to abide by the terms and conditions of this policy. I have discussed the use of the Internet with my child and grant permission for my child to use the internet in school in a responsible manner.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION 8 - PERMISSION FOR PHOTOS/VIDEOS**

I give my permission for this child's picture and name to be included in photographs and video tapes which positively represent him/her, the curriculum, and Crestwood Schools in publications such as the Yearbook, Crestwood Comments, social media area newspapers, television or the District's Website.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION 9 - RESIDENCY AFFIDAVIT**

**This section is to be completed and proof of residency must be furnished if the student is new to the district or the address has changed.**

The undersigned parent (or legal guardian) of the afore mentioned student attests that he/she resides at the afore mentioned address within the Crestwood Local School District.

I (we) understand that residency means the family is physically present and living as a household at this address (eats there, sleeps there, receives mail there, etc). I (we) further understand that providing false residency information will be reported to Law Enforcement Officials for falsification of records and we will be responsible for full recovery of tuition. We understand that I (we) must provide one of the following as proof of residency if my child (ren) is new to the district or if we have moved (The district may require additional documentation, if necessary):

- Deed, lease, or signed rental agreement to residence
- Purchase/construction contract
- Current Property Tax Statement
- Official voter registration card from Board of Elections
- Notarized affidavit of residency (Form 5111 F2a) living with another family in our District)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION 10 - PARENT INTERNET VIEWER**

The Parent Internet Viewer is available to all parents of Crestwood High School and Middle School and Intermediate School students. Parents are able to view their child's grades and attendance on the internet. It is accessible on the [www.crestwoodschoools.org](http://www.crestwoodschoools.org) website using a pin code. An individual pin code/password is needed for each child.

While parents are able to check their student's records throughout the school year, we ask that parents understand the reality that teachers do not import grades every day. This information does not replace the official report card or transcript.

As in all education facilities, all individuals accessing and using the internet should follow the local policy. Please review the Network and Internet Acceptable Use and Safety Policy on the Crestwood Website or in the school office.

If you would like to have access to the Parent Internet Viewer please complete the information below. All school fees must be paid to date to receive an access code. Pin numbers will be mailed out once a signed request is received from the parent.

Yes, I would like a pin code to access my child's records. I understand that the pin code access is for my use and will not be given to anyone else.

I will review the Internet Acceptable Use Policy and abide by its beliefs.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION 12 - FIELD TRIP PERMISSION**

I give my permission for my child to go on school sponsored field trips.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_