



# Red Clay Consolidated School District

## STUDENT DATA CARD

School Year: 2020-2021

<b>For Office Use Only:</b>			
<b>School:</b>			
<b>ID:</b>			
<b>Grade:</b>		<b>Hmrm:</b>	

STUDENT INFORMATION			
First Name:		2020-2021 Grade:	
Middle Name:		Birth Date:	
Last Name:		Nickname:	
Generation:	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
		Primary Phone:	

RACE and ETHNICITY DESIGNATION	
<b>Is this student Hispanic or Latino? (Select one answer.)</b> Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, are considered Hispanic or Latino	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Indicate this student's race below. You must select at least one race, regardless of ethnicity designation. More than one response may be selected.</b>	
<input type="checkbox"/> American Indian or Alaskan Native American	<input type="checkbox"/> Black or African American
<input type="checkbox"/> White	<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian or Pacific Islander	

ADDRESS: Please indicate Physical (home) and Mailing address if they are different.			
Physical Address		Mailing Address	
Apt #:		Apt #:	Same as Physical? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		Address:	
Development:		Development:	
City, State, Zip:		City, State, Zip:	

SPECIAL CUSTODY INFORMATION: If child lives with anyone other than mother or father listed on birth certificate please indicate:	
Name:	
Relationship:	
Custodial Papers on file with school?:	<input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL INFORMATION	
Has the student been expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Does your child have (documentation required):</b>	
IEP (Individualized Education Plan)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Learning Difficulties <input type="checkbox"/> Yes <input type="checkbox"/> No
504 Accommodation Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Physical Difficulties: <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION BACKGROUND INFORMATION: Name and address of previous school, pre-school, or day care			
Name:			
Address:			
City, State, Zip:			
Phone:		Fax:	

SCHOOL AGE SIBLING INFORMATION							
Name:				Name:			
School:		Grade:		School:		Grade:	
Name:				Name:			
School:		Grade:		School:		Grade:	

For Office Use Only:	Student:		ID:	
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**Student Health History Update: This information will be shared with staff and administration on a need to know basis, and with emergency medical staff in the case of an emergency, unless you notify us otherwise.**

1. Please check if child has had difficulty with any of the following. Please provide dates and additional information in the comments section.

- |                                       |   |   |  |                                     |  |                                  |
|---------------------------------------|---|---|--|-------------------------------------|--|----------------------------------|
| <input type="checkbox"/> ADD/ADHD     | <input type="checkbox"/> Behavior       | <input type="checkbox"/> Body Piercing/Tattoo | <input type="checkbox"/> Bowel/Bladder | <input type="checkbox"/> Hearing    | <input type="checkbox"/> Kidney              | <input type="checkbox"/> Speech  |
| <input type="checkbox"/> Allergies    | <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Bone/Spine           | <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Heart      | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Asthma       | <input type="checkbox"/> Bleeding       | <input type="checkbox"/> Concussion: _____    | <input type="checkbox"/> Emotional     | <input type="checkbox"/> Infections | <input type="checkbox"/> Seizures            | <input type="checkbox"/> Vision  |
| <input type="checkbox"/> Other: _____ |   |   | Comments: _____                        |                                     |  |                                  |

2. Does your child have allergies to medicine, latex or insect bites?  Yes  No

To What? \_\_\_\_\_ What Happens? \_\_\_\_\_  
 Treatment: \_\_\_\_\_

3. Does your child have a food allergy documented by a licensed healthcare provider?  Yes  No

To What? \_\_\_\_\_ What Happens? \_\_\_\_\_  
 Treatment: \_\_\_\_\_

**A Food Allergy Action Plan completed by a licensed healthcare provider is required for all students with a food allergy.**

4. Will your child require an individualized, allergen-free menu designed by a Red Clay Registered Dietitian?

*Note: Meals provided from home provide the safest food options at school for food-allergic students.*

- No.** I will take full responsibility of providing my child with allergen-free school meals.
- Yes.** I will provide the school nurse with a Food Allergy Action Plan completed by a licensed healthcare provider. Failure to provide physician documentation will result in your student receiving a standard allergy meal.

5. Has your child seen a healthcare provider since school ended in June?  Yes  No

What for? \_\_\_\_\_

6. Is your child being treated or evaluated for any health conditions?  Yes  No

List condition(s): \_\_\_\_\_

7. Is your child on any medication or treatment?  Yes  No

Name of medication or treatment: \_\_\_\_\_

Does your child need medication during school hours? *If yes, please contact the school nurse to make arrangements.*  Yes  No

8. Has your child been prescribed glasses or contact lenses?  Yes  No

Date of last exam: \_\_\_\_\_ If your child wears glasses or contact lenses, when was the prescription last changed? \_\_\_\_\_

9. Has your child experienced emotional upsets (recent move, death, separation, divorce) since school ended in June?  Yes  No

Please list: \_\_\_\_\_

Medical Information			
Family Physician:		Phone:	
Family Dentist:		Phone:	
Medical Insurance:		Type:	
Certificate No:	Group No:	Medicaid No:	

I give permission for my child to have the following; as determined by the nurse:

- Acetaminophen (Tylenol®)  Yes  No      Ibuprofen (Advil®)  Yes  No      Tums®  Yes  No

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

**School Emergency Procedures: Your schools have adopted the following procedures that will normally be followed in caring for your child when he/she becomes sick or injured at school. In extreme emergencies the school will seek immediate medical care.**

In case of emergency and/or need of medical or hospital care:

- |  |   |
|--|---|
| 1. The school will call the home. If there is no answer,   | 5. Based upon the medical judgment of the attending physician, the student may be admitted to a local medical facility. |
| 2. The school will call the parent/guardian 1's, or parent/guardian 2's place of employment. If there is no answer,                    | 6. The school will continue to call the parents, guardians or physician until one is reached.                           |
| 3. The school will call the other telephone number(s) listed and the physician.  | 7. The information on this form may be shared with emergency medical staff.   |
| 4. If none of the above answer, the school will call an ambulance, if necessary, to transport the student to a local medical facility. |   |

**If I cannot be reached and the school authorities have followed the procedures described, I agree to assume all expenses for moving and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia, which may be carried out based on the medical judgment of the attending physician.**

By signing this form I acknowledge understanding and attest to the accuracy of the information.

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

## PARENT/GUARDIAN CONTACT INFORMATION

First Name:		Relationship:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father
Middle Name:			<input type="checkbox"/> Court Appointed Guardian <input type="checkbox"/> Other (please list):
Last Name:			
Generation:	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V	Living With:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address:		Home Phone:	
Apt #:		Cell Phone:	
Development:		Work Phone:	
City, State, Zip:		Birth Date:	
Education Level: High school diploma/GED or above:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer:	
E-Mail:			
First Name:		Relationship:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father
Middle Name:			<input type="checkbox"/> Court Appointed Guardian <input type="checkbox"/> Other (please list):
Last Name:			
Generation:	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V	Living With:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address:		Home Phone:	
Apt #:		Cell Phone:	
Development:		Work Phone:	
City, State, Zip:		Birth Date:	
Education Level: High school diploma/GED or above:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer:	
E-Mail:			
First Name:		Relationship:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father
Middle Name:			<input type="checkbox"/> Court Appointed Guardian <input type="checkbox"/> Other (please list):
Last Name:			
Generation:	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V	Living With:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address:		Home Phone:	
Apt #:		Cell Phone:	
Development:		Work Phone:	
City, State, Zip:		Birth Date:	
Education Level: High school diploma/GED or above:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer:	
Email:			

### EMERGENCY CONTACT INFORMATION: **Must be 18 years of age or older.**

**Important:** In the event of an emergency, individuals listed here will be contacted if parent/guardian **cannot** be reached.

First Name:	First Name:
Last Name:	Last Name:
Relationship:	Relationship:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:

# REQUIRED REGISTRATION DOCUMENTATION

The following documentation must be presented at the attendance zone school at the time of registration.

\_\_\_\_\_ **Birth Certificate**

A valid birth certificate

A copy of the birth certificate faxed directly to the school by the previous school may be accepted.

- If the birth certificate does not contain the name of the parent who is registering the child, additional guardianship verification is required
- A legal document (from the court system) may be accepted with the birth certificate if it states the parent's name, relationship to the child and the child's date of birth.

\_\_\_\_\_ **Record of physical examination** (completed within the last 24 months)

\_\_\_\_\_ **Current immunization record**

- For kindergarten students: Immunization record to include tuberculosis screening (required for all students) and a Lead test has been performed

\_\_\_\_\_ **Most recent student report card (grades K-8), most recent transcript (grades 9-12)**

\_\_\_\_\_ **IEP (Individualized Education Plan) documentation** (if applicable)

\_\_\_\_\_ **Two Proofs of Residence**

Parent, legal guardian or relative caregiver of child being registered is required to provide at least two documents from the lists below. The documents must contain the name and address of the parent, legal guardian or relative caregiver. Addresses must be the same on both documents.

**AT LEAST ONE ITEM FROM GROUP A AND ONE ITEM FROM GROUP B MUST BE PROVIDED**

**Group A:**

\_\_\_\_\_ Copy of the most recent month's mortgage statement (Copy of home settlement statement may be accepted in lieu of mortgage statement if the home was recently purchased and a mortgage statement has not been received)

\_\_\_\_\_ Rental agreement (showing legal parent, legal guardian, or relative caregiver as an occupant)

\_\_\_\_\_ Sewer bill (current year)

\_\_\_\_\_ Real estate tax receipt (current year)

\_\_\_\_\_ A recent original gas or electric bill

**Group B:**

\_\_\_\_\_ Current automobile registration card or automobile insurance policy statement

\_\_\_\_\_ Rental insurance policy statement

\_\_\_\_\_ Most current year's tax documents

\_\_\_\_\_ Pay check or pay stub (dated within the past 30 days)

\_\_\_\_\_ Two consecutive bank statements (dated within the past 90 days)

\_\_\_\_\_ Official US Postal Service change of address notification on returned mail (yellow label with new address should be attached to envelope next to the old address)

\_\_\_\_\_ Correspondence from a DE state agency such as DHSS, DSCYF, Department of Labor, and DSS

**If living in a residence of another person:**

Please complete the "Red Clay Consolidated School District Owner/Renter Affidavit of Multiple Occupancy" and the "Red Clay Consolidated School District Affidavit of Multiple Occupancy"