

## **Offline Returning Student Form**

### **Student Information**

Student ID:

**Please note that the student name must be what is listed on the birth certificate. Changes made here that are not reflected on the birth certificate or other court or legal documentation will not be entered into PowerSchool.**

First Name:

Middle Name:

Last Name:

Suffix:

Date of Birth:

Grade Level:

School:

Home Phone:

**Address changes cannot be made with this form. If you have an address change, you must contact the District Receptionist and complete the Change of Address Form and supply proof of residency.**

Address:

City:

State:

Zip:

### **Parent/Guardian Information**

Student Primarily Lives With (please circle one):

Both Parents / Mother Only / Father Only / Mother and Stepfather / Father and Stepmother / Other Relative / Legal Guardian(s) / Foster Parents / Other Living Arrangement

**Please note that the Mother and Father names must be what is listed on the birth certificate. Changes made here that are not reflected on the birth certificate or other court or legal paperwork, will not be entered into PowerSchool**

### **Mother**

Mother's Name:

Home Phone:

Cell Phone:

Email Address:

Employer:

Work Phone:.

**Father**

Father's Name:

Home Phone:.

Cell Phone:

Email Address:

Employer:

Work Phone:.

Are there any custody or guardianship papers that the school needs to be informed of? Please note that a notarized letter from a parent is not acceptable proof of guardianship or custody.

Please circle: Yes or No

**Legal Guardian**

Please note that a notarized letter is not acceptable proof of guardianship. The individual listed below must be designated in a legal document as having a custody arrangement for this student or you must complete the Application for Gratuitous Keep form, which can be obtained from the Central Administration Office.

First Name:.

Last Name:

Relationship to Student (please circle one below)

Brother / Sister / Grandfather / Grandmother / Uncle / Aunt / Other

Home Phone:.

Cell Phone:

Email Address:

Employer:

Work Phone:

**Active Military**

Please circle: Yes or No

**Other Mailing Address**

Would you like to add a second mailing address for a custodian parent?

Please circle Yes or No. If yes, please provide the address:

Street:

City:

State:

Zip:

**Emergency Contact Information**

**Contact 1**

Name:

Relationship to Student (please circle one below)

Brother / Sister / Grandfather / Grandmother / Uncle / Aunt / Other

Phone Type (please circle one below)

Cell / Home / Work

Phone:

Do you permit your student to leave school or be transported by this contact?

Please circle Yes or No

**Contact 2**

Name:

Relationship to Student (please circle one below)

Brother / Sister / Grandfather / Grandmother / Uncle / Aunt / Other

Phone Type (please circle one below)

Cell / Home / Work

Phone:

Do you permit your student to leave school or be transported by this contact?

Please circle Yes or No

**Contact 3**

Name:.

Relationship to Student (please circle one below)

Brother / Sister / Grandfather / Grandmother / Uncle / Aunt / Other

Phone Type (please circle one below)

Cell / Home / Work

Phone:.

Do you permit your student to leave school or be transported by this contact?

Please circle Yes or No

**Student's Medical Information**

Has your child or any family member been diagnosed with COVID 19?

Please circle Yes or No

If no, has your child or any family member been in physical contact with anyone who has been diagnosed with COVID 19?

Please circle Yes or No

Has your child receive any doses of the COVID vaccine?

Please circle Yes or No

If yes, when was the first dose administered?

Was the second dose administered?

If yes, when was the second dose administered?

**Physician**

Physician Name:

Phone:

**Dentist**

Dentist Name:.

Phone:.

Do you give the school permission to perform screenings for vision, height, weight and scoliosis?

Please circle Yes or No

Do you give the school permission to transport your child by ambulance?

Please circle Yes or No

Do you give the school permission for emergency treatment and first aid?

Please circle Yes or No

Do you give the school permission to perform a state mandated physical or dental exam if required for your child's grade level?

Please circle Yes or No

**Treatment**

Do you give the school permission to administer the following medications? (please circle each one allowed below)

- All grade levels
  - Adrenaline (severe allergic reactions)
  - Benadryl
  - Anti-nausea or Antacid
  - Cough Medicine (Robitussin)
- Grade 5/6 female students only (for menstrual cramps)
  - Tylenol
  - Advil (IBU)
- Grade 7-12 only
  - Tylenol
  - Advil (IBU)
  - Sudafed (decongestant)
- Grade 8-12 only
  - Narcan (opiate reversal)

**Health History**

Allergy Type:

Please provide us with more information about your student's allergy:

Allergy Type:

Please provide us with more information about your student's allergy:

Allergy Type:

Please provide us with more information about your student's allergy:

Allergy Type:

Please provide us with more information about your student's allergy:

Other Medical Condition:

Please provide us with more information about your student's condition:

Other Medical Condition:

Please provide us with more information about your student's condition:

Other Medical Condition:

Please provide us with more information about your student's condition:

Other Medical Condition:

Please provide us with more information about your student's condition:

Have there been any changes to the allergy or medical condition information from what was provided in previous school years?

Please circle Yes or No

## **Agreements**

### **Handbook**

Please review the Student Handbook located on the district website or by requesting a copy from the school's main office before answering the following question.

I have reviewed the school rules and understand the consequences outlined in the Student Handbook

### **Computer/Network Acceptable Use**

Please review the Computer/Network Acceptable Use Policy located on the district website or by requesting a copy from school's main office before answering the following question.

I have read and agree to the terms of the policy. Please circle Yes or No

(Please note that by answering No, your student will not be able to use District Computers, Chromebooks, iPads, etc.)

Do you give permission for the Hermitage School District to publish photographs, video or other forms of digital media in the local news media, school newsletters, and other various publications/presentations throughout the school year that may contain the above student?

Please circle Yes or No

### **Free and Reduced Lunch Eligibility**

Based on the current school year Eligibility Guidelines, which can be obtained from the Food Services Director, do you think that your child may be eligible for free or reduced price meals?

Please circle Yes or No (If you circle yes, please contact the school's main office for an application)

**Signature**

*I affirm that the information provided is true, correct and complete, to the best of my knowledge and belief. I also declare under penalty that the student resides at the address listed. I understand that falsification of any information or document required for residency verification or the use of the address of another person may result in the revocation of student enrollment.*

Signature:

Printed Name:

Date: