

WHITEHALL DISTRICT SCHOOLS
Shoreline, Ealy, Middle, High School and Home School Partnership
EMERGENCY FORM

For Office Use Only
Student Number: _____
Student UIC#: _____
Building/Teacher: _____

Student: _____ Gender F M
Last name First Name M.I.

Student Address: _____ Birthdate ____/____/____
Street City Zip

Student Cell_(_____) _____ (if applicable)

Student living with (Check all that apply):

Parent: Mother Father Step Mother Step Father
Guardian: Legal Guardian Ward of the Court Foster Parent Other Relative Host Family(exchange student)

CONTACT INFORMATION FOR WHOM CHILD LIVES WITH:

Name _____ Cell # (_____) _____

Home # (if different from cell) (_____) _____ Email address _____

Place of Work _____ Work number_(_____) _____ Work email _____

Name _____ Cell # (_____) _____

Home # (if different from cell) (_____) _____ Email address _____

Place of Work _____ Work number_(_____) _____ Work email _____

If parents are divorced or legally separated and students reside at both residences, please list this additional information below. We will do our best to accommodate any mailings to both addresses. Please let the office know of any custody issues and submit any legal documentation necessary.

Parent/Guardian name of second household	Address	Phone #
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IF PARENT/GUARDIAN CANNOT BE REACHED IN EVENT OF EMERGENCY PLEASE CALL:

1. _____ (_____) _____
Name Relationship Phone#

2. _____ (_____) _____
Name Relationship Phone#

3. _____ (_____) _____
Name Relationship Phone#

DOCTOR / HOSPITAL / MEDICAL INFORMATION: Any medical condition or allergy we should be made aware of: _____

Name of Doctor: _____ Phone:_(_____) _____

Hospital Preference: _____ Phone:_(_____) _____

Signature: _____ Relationship to Student _____

*The above signature is an indication by parents or guardian that school officials have the authority to decide emergency care for their children while in school attendance.

OPT IN AGREEMENT

I understand by signing this statement the school district may communicate with me through my contact information, including emails, automated phone calls and/or text messages.

Parent/Guardian Signature

Student Signature

Date

HANDBOOK

My signature acknowledges that I have read the school handbook online at (www.whitehallschools.net) or have requested and received a copy of the handbook. I am responsible for abiding by the guidelines and regulations for student conduct contained therein.

Student Signature

Date

TECHNOLOGY ACCEPTABLE USE AGREEMENT

My signature acknowledges that I have read the Technology Acceptable Use Agreement online at www.whitehallschools.net or have requested and read a copy of the agreement. I am responsible for abiding by the guidelines and regulations for student conduct therein.

Parent/Guardian Signature

Student Signature

Date

CHROMEBOOK *(not applicable to all grades)*

My signature acknowledges that my child and I have read and agree to the terms of the Chromebook Policy.

Parent/Guardian Signature

Student Signature

Date

FIELD TRIP PERMISSION

My signature acknowledges that I give my child permission to go on all field trips during the current school year. I understand that I will be notified of all school field trips through the school newsletter or notes sent home by the teacher and that students will be transported by school vehicle or private vehicle operated by the teacher and/or staff member.

Parent/Guardian Signature

Date

LOCKER ASSIGNMENT *(not applicable to all grades)*

In accepting a locker assignment and using the locker, I understand I am fully responsible for all of its contents. I agree that the principal of this building, or his representative, has the joint use and control of it and may open this locker and examine any of the items or contents thereof at any time. This agreement will be in effect as long as I am assigned to a locker.

Student Signature

Date

MILITARY STATEMENT

Is at least one parent a full-time member of the Armed Forces on active duty? no yes

If yes: Name of Armed Forces Branch _____ Name of Parent(s) _____