WHITEHALL DISTRICT SCHOOLS

Student:_

DO

Student Address:

Shoreline, Ealy, M	liddle, High	School and	d Home S	School Pa	rtnership
EMERGENCY	FORM				

For Office Use Only Student Number:_ Student UIC#:_ Building/Teacher:_ ___ Gender □F □M Middle ____ Birthdate ____/ ____/ ____ Zip

Host Family(exchange student)

Student living with (Check all that apply): □Mother Parent: □Father Step Mother Guardian: Legal Guardian Ward of the Court Foster Parent

Street

Last name

Student Cell_(____)____

CONTACT INFORMATION FOR WHOM C	HILD 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	

First Name

City

(if applicable)

□ Step Father

□ Other Relative

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 #

IF PARENT/GUARDIAN CANNOT BE REACHED IN EVENT OF EMERGENCY PLEASE CALL:

DR / HOSPITAL / MEDICAL INFORMATION: Any medical condition or allergy we should be made aware of:			
	Name	Relationship	Phone#
3			_ ()
<u> </u>	Name	Relationship	Phone#
2.			()
	Name	Relationship	Phone#

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.

	Student Signature	Date
	the school handbook online at (www.whiteha esponsible for abiding by the guidelines and i	· ·
	Student Signature	Date
	<u>\T</u> the Technology Acceptable Use Agreement o reement. I am responsible for abiding by the	
Parent/Guardian Signature	Student Signature	Date
<u>CHROMEBOOK (not applicable to all grades</u> My signature acknowledges that my child ar	s) nd I have read and agree to the terms of the C	hromebook Policy.
Parent/Guardian Signature	Student Signature	Date
FIELD TRIP PERMISSION My signature acknowledges that I give my cl	hild permission to go on all field trips during t ol field trips through the school newsletter or i	
understand that I will be notified of all school	vehicle or private vehicle operated by the teac	
understand that I will be notified of all school		
understand that I will be notified of all school that students will be transported by school w Parent/Guardian Signature <u>LOCKER ASSIGNMENT (not applicable to all</u> In accepting a locker assignment and using the principal of this building, or his represen	vehicle or private vehicle operated by the teac	her and/or staff member. Date e for all of its contents. I agree that may open this locker and examine

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) _____