

New Learning Resources School District
STUDENT INFORMATION
2020-2021

(Please fill out as much as possible. Highlight any changes in information)

Student Name: _____ Grade: _____

Student's Cell Phone (if applicable) : _____ Email: _____

Important Medical Concerns or Special Needs (ex: asthma, allergies, etc...)

Parent/Guardian 1:

Parent/Guardian 2:

Relationship: _____

Relationship: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

If parents are divorced or separated, to whom should correspondence be sent? (Circle one)

Both Parents

Mother

Father

Emergency Contact 1:

Emergency Contact 2:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Emergency Contact 3:

Emergency Contact 4:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

New Learning Resources School District

CONSENT FOR PHOTOGRAPHS

2020-2021

Student Name: _____

I hereby authorize and give full consent to New Learning Resources School District to publish and copyright all photographs in which my child appears while enrolled as a student in any and all programs of NLRSD. I further agree that NLRSD brochures, newsletters, advertising, posters, displays, slide shows, videotapes, catalogs, radio interviews, tv interviews, filming, web sites, and literature without limitations or reservations.

I am the parent/legal guardian of the student named above.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date: _____

I **DO NOT** authorize consent and I am the parent/legal guardian of the student named above.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date: _____

New Learning Resources School District

STUDENT PICK-UP FORM

2020-2021

My student, _____, may be picked up by the following people. I confirm that I am the legal guardian of the above student.

Parent/Guardian Name (please print): _____

Signature: _____ Date: _____

Authorized for Pick-Up (name & relationship):

The following people **MAY NOT** pick up my student:

PARENTAL AUTHORIZATION TO ADMINISTER MEDICINE

2020-2021

TO: Parents/Guardians

In order for a student to receive any type of medication (prescription or over-the-counter), written permission must be on file with the school office. No medication will be dispensed to a student without parental permission. All over-the-counter medications must be accompanied by a doctor’s note as well. The school also asks that a list of medications the student is taking be provided and updated as changes are made. It is the parent’s responsibility to provide the school with specific written instructions regarding medication administration. **The parent, not the student, must provide the medication to be administered.**

I am the parent with legal custody or the legal guardian of _____,
a student attending this school. This student requires medication at intervals during the school day.

I hereby give my consent and authorize the school to administer (1) the following **non-prescription or over-the-counter medication(s)** which I am hereby supplying to the office, in accordance with the written instructions on the label:

(2) the following **filled prescription medication(s)** which I am hereby supplying to the office, in accordance with the directions for the administration of the medicine listed on the label of the vial or bottle:

I understand that under state law, the Board of Education, the School District, or employees of the District, shall not be liable to the student or the student’s parent or guardian for civil damages for any personal injuries to the student which result from acts or omissions of school employees in administering the medicine I have hereby authorized.

Date: _____

Parent/Guardian Name (please print)

Parent/Guardian Signature