

Return this form to SHM/HS by Sept. 15<sup>th</sup>

## COMBO FORM

Parents:

It is critical you provide this information ANNUALLY. Help us follow your wishes for a safe and enjoyable school year. Please realize information of a relevant nature to particular staff members will be handled with the strictest confidentiality. Once information is cross checked with our current data, this form is to be filed within your child's permanent record folder.

In order to assure we receive this information we would ask you to return it in one of two manners.

Mail to the appropriate building (SHMS or SHHS) Administration – Route 1, Box 58 B – Lost Creek, WV - 26385.

Go online to our website ([www.southharrison.com](http://www.southharrison.com)), click on the button entitled “Parent Resources”, click on COMBO form, fill it out and email your data directly to Phil Brown [pbrown@access.k12.wv.us](mailto:pbrown@access.k12.wv.us) , Greg Moore [grhmoore@access.k12.wv.us](mailto:grhmoore@access.k12.wv.us) or Tracy Ash @ [tash@access.k12.wv.us](mailto:tash@access.k12.wv.us)

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

HR/Team Teacher: \_\_\_\_\_

Parent/Guardian's Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone Numbers:

Home : \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Emergency: \_\_\_\_\_

HEALTH CONCERNS OR PRESCRIBED MEDICATIONS

Health Concerns:

- 1. Heart Problems \_\_\_\_\_ 2. Asthma \_\_\_\_\_ 3. Seizures \_\_\_\_\_ 4. Diabetes \_\_\_\_\_
- 5. Other \_\_\_\_\_ 6. Bee Sting Allergies \_\_\_\_\_ 7. Hyperactive ADD \_\_\_\_\_
- 8. Mental Health Concerns \_\_\_\_\_

For those marked above, please provide details that could be helpful in an emergency:

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Medications:

- 1. \_\_\_\_\_ Dosage \_\_\_\_\_
- 2. \_\_\_\_\_ Dosage \_\_\_\_\_

ADDITIONAL REQUESTED INFO

- My child and I have reviewed this year’s “Parent Student Handbook”  
\_\_\_ Yes \_\_\_ No
- My family wants to be notified prior to any “level 3 & 4 pesticides being used at school. \_\_\_ Yes \_\_\_ No
- My child has been told to go to the following location if school should dismiss early.

Individuals’ Home: \_\_\_\_\_ Phone # \_\_\_\_\_

• Even though the Parent/Student Handbook says South Harrison Middle & High School may be promoting our school through the use of radio and television spots, and with the understanding that our child’s picture normally will be placed within the yearbook and/or school communications to the public, we prefer our child’s image and/or voice not be used in any of the above promotions.

Parent’s Signature: \_\_\_\_\_

- We request our child's directory information (student name, address, phone #, photo, video clips ) not be made available to the above outside agencies/public.

Parent's Signature: \_\_\_\_\_

- Please realize that both YOU and the school has the ability to test your child if he/she appears to you (or us) not to be "on level academically". If it is the school recommending testing, parents are fully involved in the process. Additionally, both YOU or the school has the responsibility to request the creation of an educational plan (commonly known as a 504 Plan) to accommodate your child's physical needs if he/she is suffering from anything from a broken leg (a temporary plan to get around the school) to Rheumatoid Arthritis (for a long term plan of assistance). These accommodations are FEDERAL LAW meant to ensure one's education continues.

I have read and understand the info on testing/504: \_\_\_ Yes \_\_\_ No

- So that we might better protect your child during "Child Custody Situations", it is SHM/HS's policy the custodial parent provide the school with the latest court papers.

If involved in such proceedings, I will provide the school copies: \_\_\_ Yes \_\_\_ No

- The "Primary Language" spoken within your home: \_\_\_ English, \_\_\_ Spanish, \_\_\_ French, \_\_\_ Italian, \_\_\_ Portuguese, \_\_\_ Other .