

Harrison County WVEIS Student Information _____ - _____

Date _____

Student Name _____ WVEIS# _____
Last First Middle Other

Sex _____ Birthdate ____/____/____ Birthplace _____
M or F City State
Grade _____ Social Security Number _____

School Last Attended _____

Is English the Primary Language spoken in your home? _____ (Y or N)

Native Language ____ EN=English, SP=Spanish, FR=French, AS=Asian, JA=Japanese, GR=German,
IT=Italian, PO=Polish, OT=Other

Ethnic ____ A=Asian or Pacific Islander, B=Black, H=Hispanic, W=White, I=American Indian

Transportation ____ 01=Bus Student 02= Non Bus Student

Home Address _____

Mailing Address _____

Home Phone _____ Unlisted _____ Cell Phone _____
Y or N

Student Lives With _____
F=Father, M=Mother, B=Both, F=Foster Parents, O=Other/Guardian – Please write out relationship to child

Father/Guardian's Name _____
Place of Employment _____ Work Phone _____

Mother/Guardian's Name _____
Place of Employment _____ Work Phone _____

Marital Status _____ S=Single, M= Married and Living Together, D=Divorced and Living
Alone, R=Remarried and Living with New Spouse, SP=Separated and Living Alone, O=Other

**Who can pick up your child from school in case of illness or an emergency? It is critical that
we have at least one emergency contact other than parents. Please list three if possible:**

Emergency Number _____ Name of Person _____
Relationship to Child (Family Friend, Grandparent, etc.) _____

Emergency Number _____ Name of Person _____
Relationship to Child (Family Friend, Grandparent, etc.) _____

Emergency Number _____ Name of Person _____
Relationship to Child (Family Friend, Grandparent, etc.) _____

EMERGENCY CARE CARD

IN CASE OF EMERGENCY, AND IT IS NECESSARY TO CALL A PHYSICIAN, OUR FAMILY

PHYSICIAN IS: _____ *PHONE:* _____

DENTIST IS: _____ *PHONE:* _____

If unable to contact parent or doctor, permission is granted to arrange for emergency hospital treatment if required in keeping with West Virginia State and Harrison County Board of Education Policies and Regulations.

Date	Signature of Parent or Guardian
------	---------------------------------

Please list any health conditions (diabetes, heart condition, allergies), which should be known by doctor/school and any medications taken either at home or at school:

Directions to student's home: (This is to assist us should we need to contact you in an emergency.)

Dear Parents,

Because of the need to safeguard your child's safety, we need your assistance in providing names and signatures of those who the school may release your child to. If parents are separated or divorced we need a copy of the court order awarding custody of the child. Please do not call the office to change this; you must stop at school to make changes in this form.

Signature Sample for Father or Guardian

Please Print Name

Signature Sample for Mother or Guardian

Please Print Name