

LANGUAGE BACKGROUND:

Are languages other than English spoken in the home? Yes____ No____

If yes, which languages? _____

Language student first learned to speak _____

Language student speaks most often _____

Student's native country _____ (country where born)

Date student entered U.S. _____ (month, day, year)

IF THE PARENTS OR GUARDIAN CANNOT BE REACHED IN CASE OF ILLNESS OR EMERGENCY, PLEASE LIST SOMEONE WHO WILL BE AUTHORIZED TO TAKE ACTION FOR YOUR CHILD:

Name _____ Phone _____ Relation to child _____

Name _____ Phone _____ Relation to child _____

Name _____ Phone _____ Relation to child _____

IF DESIGNATED PERSONS CANNOT BE REACHED, I AUTHORIZE THE SCHOOL TO TAKE PROPER ACTION IN CASE OF ILLNESSES OR AN EMERGENCY.

IF ANY CHANGE OF ADDRESS, PHONE OR EMERGENCY NUMBERS OCCUR. SCHOOL MUST BE NOTIFIED IMMEDIATELY IN WRITING.

I ATTEST TO THE FACT THAT THE ABOVE NAMED STUDENT RESIDEES WITH HIS/HER LEGAL GUARDIAN OR A NATURAL PARENT WITHIN ANDERSON SCHOOL DISTRICT TWO'S BOUNDARIES.

SIGNATURE _____

Last School Attended: _____

Address of School: _____

For School Office - Records requested; Date: _____ By: _____

