

Columbia County Schools  
Student Information Record

<b>School Board Of Columbia County</b> <b>Student Information Record</b> Please Print- This form must be completed by parent or guardian.			Grade		Student SID#		
Student Legal Name: Last		First	Middle	Nickname		Gender	D.O.B mm/dd/yy
Mailing Address			City/Zip		Primary Phone		
911 Address			Birthplace: City		County	State	
Has student been enrolled in any (1) special programs? <b>Yes/No</b> Name of Program: _____ (2) Preschool? <b>Yes/No</b> Name of Program: _____			Name of school student is transferring from: _____ City/State: _____				
Siblings Enrolled in Columbia County Schools: Name _____ School _____ Name _____ School _____ Name _____ School _____			Ethnicity: Is the student of Hispanic/Latino origin? <b>Yes/No</b>  <b>Race: Please mark all that apply.</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White				
First time in a United States School? <b>Yes/No</b> If yes, date of arrival? _____ First time in Florida Schools? <b>Yes/No</b> First time in Columbia County Schools? <b>Yes/No</b> Are you a migrant worker? <b>Yes/No</b> Custodial Papers: <b>Yes/No</b> If yes, please provide a copy. School Insurance: <b>Yes/No</b> Other Insurance: <b>Yes/No</b>			<b>ONLY STUDENTS NEW TO COLUMBIA COUNTY SCHOOLS SHOULD ANSWER:</b>  Is a language other than English used in the home? <b>Yes/No</b> Did the student have a first language other than English? <b>Yes/No</b> Does the student most frequently speak a language other than English? <b>Yes/No</b> If yes, what language? _____				
Parent/Guardian (Student lives with) <b>*EMAIL ADDRESSES:</b>							
Last		First	Relationship	Cell Phone	Home Phone	Employer Phone	
Name(s) to contact or authorized to pick up student in absence of parent:				Relationship/Phone		Local Hospital Preference	
Local Physicians Name and Phone				Local Dentist Name and Phone			
Current Concerns: <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Heart Conditions <input type="checkbox"/> ADD <input type="checkbox"/> ADHD List any others: _____ Medications: Is the student taking any medications at home or school? <b>Yes/No</b> If YES please list: _____ Allergies- List any allergies (other than seasonal) the student may have: _____							
Directions to home from school: _____ _____ _____							
Student requires transportation if eligible. <b>Yes/No</b>							
Based on Florida law Section 381.0056, the following Health Screenings are required: Vision-K, 1,3,6; Hearing-K,1,6; Height/Weight (BMI)-1,3,6; Scoliosis-6 (also new Florida enrollees and referrals). In case of an accident or serious illness, the school will contact the parent/guardian. If unable to make contact, the school will contact the physician or make necessary arrangements for immediate transportation and treatment. Payment of fees will be assumed by the parent/guardian. I understand that certain Educational Records of my child will be shared with the District's Healthcare Partners as needed to provide and evaluate health services to students. I also understand and agree that my child's medical treatment records created by the Healthcare Personnel at school may be shared with school officials who have legitimate educational purpose for accessing such treatment records.				<b>I have reviewed and understand the conditions of the Student Information Record.</b> Permission for Emergency Medical Treatment <b>Yes/No</b> Permission for my child's participation in Health Screenings and school related surveys. <b>Yes/No</b> Permission for my child's picture to be included in school or local news releases, videos, websites. Your child's last name will not be included on any website. <b>Yes/No</b>			
				Parent/Guardian Signature		Date	

DO NOT WRITE BELOW THIS LINE

School # _____	School Year _____	Teacher _____	Homeroom _____
Student ID# _____	Entry Code _____	Entry Date _____	Bus# _____ Lunch _____

CCSB 1120 Revised 05/09, 5/12, 9/12, 5/15,3/17