

**School District of Edgar
Student Demographic Information**

Parent/Guardian Information:

Student lives with Mother Father Both Parents Parent & Step-parent Other: _____

Father:

Name: _____
Address: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____
Employer: _____
Department: _____
Phone: _____
Email: _____

Mother:

Name: _____
Address: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____
Employer: _____
Department: _____
Phone: _____
Email: _____

Guardian/Step-parent:

Name: _____
Address: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____
Employer: _____
Department: _____
Phone: _____
Email: _____

Food Service Payor Preference _____

Is either parent or guardian on active duty in the military? Yes ___ No ___

Is either parent or guardian a traditional member of the Guard or Reserve? Yes ___ No ___

Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? Yes ___ No ___

Township _____ Distance from Home to School (in Miles) _____

Will the student be riding the bus? Yes No

Has your child ever attended another Wisconsin school? Yes ___ No ___ Where _____

New Student Information – Anticipated Start Date: _____

Student Full Name _____ Age _____ Gender _____ Grade _____

Date of Birth _____ City, State, County of Birth _____

Is this student Hispanic or Latino? (Choose only one) Yes No

Is this student: (Choose one or more. Please select at least one.)

- American Indian/Alaska Native (Tribal Affiliation- _____) Asian
 Black or African American Native Hawaiian or Other Pacific Islander White

Previous School District _____

Previous School _____

Student Full Name _____ Age _____ Gender _____ Grade _____

Date of Birth _____ City, State, County of Birth _____

Is this student Hispanic or Latino? (Choose only one) Yes No

Is this student: (Choose one or more. Please select at least one.)

- American Indian/Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Previous School District _____

Previous School _____

Student Full Name _____ Age _____ Gender _____ Grade _____

Date of Birth _____ City, State, County of Birth _____

Is this student Hispanic or Latino? (Choose only one) Yes No

Is this student: (Choose one or more. Please select at least one.)

- American Indian/Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Previous School District _____

Previous School _____

Other children in household:

Medical Information:

Please complete the following to advise school staff about your child in case he/she becomes ill or injured at school. This information will be used in a confidential health database for staff and bus drivers who work with your child.

Check as many as applies:

Diabetes Seizures Asthma Hearing concerns
 Vision concerns Malignant Hyperthermia Heart Trouble Others
 Allergies to: _____ Reaction would be: _____

Comments/Restrictions: _____

Daily Medications: _____ Taken at School: Yes No

It is School Board policy that physician and parent consent forms MUST be on file for a student to receive prescription medication at school. Parent consent form is required for non-prescription medication. Please obtain forms from health aide.

Person to be notified in case of emergency if parent or guardian cannot be reached:

Name _____ Relationship to Above _____ Phone _____ Workplace/Phone _____
Name _____ Relationship to Above _____ Phone _____ Workplace/Phone _____

This completed form provides identifying and medical information for school co-curricular and sports activities.

Signature of Parent or Guardian: _____ Date: _____