

Marion Elementary School 2011-2012  
PERSONAL DATA FORM

Teacher's Name \_\_\_\_\_  
Date \_\_\_\_\_ Rm# \_\_\_\_\_ Bus # \_\_\_\_\_ am \_\_\_\_\_ pm

Student's Soc. Sec.# \_\_\_\_\_ (optional) Student's Name \_\_\_\_\_  
First Middle (one only) Last

What language is most often spoken in your home?  
English Spanish Other (identify) \_\_\_\_\_

Address: \_\_\_\_\_  
Apt. # Apt. Complex Name

Street Address

City State Zip

Mailing address, if different from street address

NOTICE!

Any person who knowingly gives a false residential address for purposes of public school enrollment is guilty of a misdemeanor and subject to a fine not to exceed \$500. (A.C.A. 6-18-202) The Marion School District will prosecute those who present false addresses.

Child lives with:

\_\_\_\_ Father & Stepmother \_\_\_\_\_ Institution  
\_\_\_\_ Mother & Stepfather \_\_\_\_\_ Legal Guardian  
\_\_\_\_ Father only \_\_\_\_\_ Mother Only  
\_\_\_\_ Grandparents \_\_\_\_\_ Both Parents  
\_\_\_\_ Other (identify) \_\_\_\_\_

Does your child have one or more of the following disabilities?

(please check any that apply)

\_\_\_\_ autism \_\_\_\_\_ hearing impaired  
\_\_\_\_ Down Syndrome \_\_\_\_\_ implant-head  
\_\_\_\_ crutches \_\_\_\_\_ implant-spine  
\_\_\_\_ deaf \_\_\_\_\_ mental retardation  
\_\_\_\_ wheelchair \_\_\_\_\_ developmental delay  
\_\_\_\_ visual impaired \_\_\_\_\_ other (identify) \_\_\_\_\_

Medical History: Does your child have now or ever had any of the following:

Yes No \*Allergies Yes No Asthma  
\_\_\_\_ \_\_\_\_ Diabetes \_\_\_\_\_ Seizures  
\_\_\_\_ \_\_\_\_ Fainting \_\_\_\_\_ Ear Problems  
\_\_\_\_ \_\_\_\_ Eye Problems \_\_\_\_\_ Heart Problems  
\_\_\_\_ \_\_\_\_ Headaches \_\_\_\_\_ Other(describe)  
\_\_\_\_ \_\_\_\_ High Blood Pressure

\*Please identify any allergies or chronic illnesses.

There is a physician's care plan on file with the school for the condition listed above. \_\_\_\_ yes \_\_\_\_ no

Medications that your child takes regularly:

Name of medication \_\_\_\_\_  
Dosage \_\_\_\_\_

Doctor's name \_\_\_\_\_  
Doctor's phone# \_\_\_\_\_  
Preferred hospital \_\_\_\_\_  
Health Ins. Co. \_\_\_\_\_  
Group # \_\_\_\_\_ ID# \_\_\_\_\_  
Medicaid# \_\_\_\_\_

Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_

Circle Ethnicity: Hispanic Non-Hispanic

If Non-Hispanic, check one or more races from list below:

Am. Indian or Alaskan Native  Asian  Black  
 Native Hawaiian (or other Pacific Islander)  White

Phone # (\_\_\_\_) \_\_\_\_\_  check if message phone

Phone # is: \_\_\_\_ listed \_\_\_\_ unlisted \_\_\_\_ no phone

How will your child get to and from school most of the time?

\_\_\_\_ ride bus \_\_\_\_ ride in personal vehicle or day care van  
\_\_\_\_ drive self to school \_\_\_\_ school district pays to transport

My child will ride the bus to: \_\_\_\_\_  
street address city

If your child goes to a day care center or babysitter, please enter the name, address and phone number.

Has your child ever been expelled from another school or is there an expulsion proceeding? yes \_\_\_\_ no \_\_\_\_

Vehicle Tag# \_\_\_\_\_

e-mail address: \_\_\_\_\_

Mother's Name: (Emergency Contact #1)

Name \_\_\_\_\_

Address \_\_\_\_\_  
(if different from child's address)

Place of employment \_\_\_\_\_

work phone# (or home phone#) (\_\_\_\_) \_\_\_\_\_

cell phone# (\_\_\_\_) \_\_\_\_\_

Father's Name: (Emergency Contact #2)

Name \_\_\_\_\_

Address \_\_\_\_\_  
(if different from child's address)

Place of employment \_\_\_\_\_

work phone# (or home phone#) (\_\_\_\_) \_\_\_\_\_

cell phone# (\_\_\_\_) \_\_\_\_\_

Emergency Contact #3:

Name \_\_\_\_\_

Place of employment \_\_\_\_\_

work phone# (or home phone#) (\_\_\_\_) \_\_\_\_\_

cell phone# (\_\_\_\_) \_\_\_\_\_

Information from birth certificate:

city of birth \_\_\_\_\_

state of birth \_\_\_\_\_

birth certificate # \_\_\_\_\_

\*If your child will take medicine at school, you must complete a medication administration release form in the office. All medications must be administered through the office.

