



# 2014-2015 Student Profile for

Please read the information below and write any corrections to the right of each answer in the "Corrections" column.

## MEDICAL INFORMATION AND CONSIDERATIONS

Provider Information	Current Record	Corrections
Doctor / Telephone		
Dentist / Telephone		
Consent to Treat Given		
<b>Medical Considerations</b> list any medical conditions, critical health information, allergies or current medications (use bottom of page if additional space is needed)		

## Race and Ethnicity Both parts A and B must be answered

Part A: Is this student Hispanic/Latino? (Choose only one)

No, not Hispanic/Latino

Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter which box you selected above, please continue to answer the following by marking one or more to indicate what you consider your student's race to be.

Part B: What is the student's race? (Choose one or more)

2.White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

3.Black or African American (A person having origins in any of the black racial groups of Africa)

4.Asian ( A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent)

5.American Indian or Alaska Native (A person having origins in any of the original peoples of the North and South American, including Central America).

## OTHER CHILDREN LIVING IN THE HOME

The following demographic information is requested by Eau Claire Public Schools. This information is used in statistical reports compiled for the school district. Thank you for your voluntary assistance in collecting this information.

Name	Date of Birth	Grade

### Additional Information

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Parents/Guardians of \_\_\_\_\_ . Your signature verifies the accuracy of this information and authorizes its use by Eau Claire Public Schools for internal purposes.

Photograph/Audio/Video Taping – Throughout the school year, it may be necessary to photograph, video, or audio your child for educational purposes. I hereby grant Eau Claire Public Schools permission to copyright, publish, or use any photographs, pictures of likeness, any reproductions, etc, of my child. I give permission and assume responsibility for my child to participate in field trips. These field trips enhance the children's educational learning and experiences. Students may take buses to reach their destination or may walk to local establishments. Please note any exceptions to the above statements.

Signature required: \_\_\_\_\_ Dated: \_\_\_\_\_

This signature acknowledges that I consent to the above statements.

2014-2015 Student Profile for

Eau Claire Public Schools

Please read the information below and write any corrections to the right of each answer in the "Corrections" column.

Current Grade

**STUDENT AND PARENT/GUARDIAN INFORMATION**

Student Information	Current Record	Corrections
Student Name		
Home Address		
Mailing Address		
Date of Birth / Gender		
Home Phone		
Resident / School of Choice / Migrant		
Last School Attended		
Special Ed / Speech / Title 1		

Parent/Guardian Information	Current Record	Corrections
<b>Father</b>		
Home Address		
Employer		
Work Phone		
Home Phone / Cell Phone		
E-Mail Address		
<b>Mother</b>		
Home Address		
Employer		
Work Phone		
Home Phone/Cell Phone		
E-Mail Address		

**EMERGENCY CONTACT INFORMATION**

The following information is required in case your child becomes ill or injured at school or in the event of an emergency and you cannot be reached. Please list three adults who can act in your absence to assume responsibility for your child.

Emergency Contact Information	Current Record	Corrections
Contact 1(relation to student)		
Phone		
Contact 2 (relation to student)		
Phone		
Contact 3 (relation to student)		
Phone		

Emergency personnel will be called in the event of a serious injury or illness and will be transported to the emergency room. As a parent/guardian, I understand that providing this emergency information does not constitute permission for any ECPS personnel to authorize medical treatment for him.

Signature required: \_\_\_\_\_ Dated: \_\_\_\_\_

*This signature acknowledges that I consent to the above statements.*