

# 2016-2017 Student Data and Emergency Information

## INFORMATION TO BE FILLED OUT BY PARENT/LEGAL GUARDIAN



Student's Legal Name: First \_\_\_\_\_ Last \_\_\_\_\_ Middle \_\_\_\_\_

Ethnic Group:  African American  Asian  Caucasian  Hispanic  Native American Indian  Pacific Islander

My Primary Language is:  English  Spanish  Arabic  Other (please list) \_\_\_\_\_

### Parent/Legal Guardian (adult person living with student):

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_ Email \_\_\_\_\_

2. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_ Email \_\_\_\_\_

Are there Legal Custody Restrictions?  YES  NO If yes, please submit documentation

### Alternate Contact (not living with student):

3. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### Medical Information:

Does the student have any current medical conditions or restrictions?  YES  NO If yes, please explain \_\_\_\_\_

Please list medications taken regularly: \_\_\_\_\_

In case of an emergency, OSTC is authorized to take immediate action necessary for the preservation of the student's health.

### As a parent/guardian/student:

- I give permission for my child to be recorded through audio/visual imaging (photographic, video, and/or audio recordings) for the purpose of school use in public relations displays, news releases, newsletter articles, and/or OS/OSTC websites to acknowledge awards and/or achievements.
- I approve the above request and give my consent to the technical cluster selection.
- If my child needs academic additional credit, I give my permission.

I have read, understand and agree to all of the above:  YES  NO, explain \_\_\_\_\_

Signature of Parent/Legal Guardian or Adult Student \_\_\_\_\_ DATE \_\_\_\_\_

Student Signature \_\_\_\_\_ DATE \_\_\_\_\_