| | | | | SENCY INFORMA | | | |
|---|---|--|--|---|----------------------------|---|--|
| Name of School | | (This form s | hall be completed, returned | d to school, and u | pdated wh | en changes occur) | Home Phone # |
| Student Name: _ | Last Name | First Name | Mido | lle Name | Gender | Grade | Date of Birth |
| Address: | | | | | | | |
| Numbe | er | Street | Apt. # City | | | Zip Code | Student Email Address |
| Please check ap | propriately: Enro | ollment is based on Stu | dent resides within this schoo | ol Open enrol | lment | Interdistrict transfer | Other |
| This student resid | les with: Both | parents Mother | Father Natural parent/st | tep-parent C | aregiver Aff | idavit Restraining | g order on file Court orders on file |
| Please list below | the name(s) of pe | rson(s) who may be contac | ted & to whom the student m | ay be released. S | tudents will | not be released to oth | er persons without parent permission: |
| Father/Guardian: | | First Name | F actoria | A dalars as | | Dhana # | |
| | Last Name | FIISUNAILIE | Employer | Address | | Phone # | Cell Phone # |
| Mother/Guardian: | Last Name | First Name | Employer | Address | | Phone # | Cell Phone # |
| | Email Address | (Father/Guardian) | | | Email | Address (Mother/Guard | ian) |
| If the above pers | | · / | nay contact and release your | son/daughter to: | | , | , |
| Relative/Friend: | LastNama | First Name | A data an | | | Dhana # | |
| | Last Name | Filstindille | Address | | | Phone # | Cell Phone # |
| Relative/Friend: | Last Name | First Name | Address | | | Phone # | Cell Phone # |
| | | | | | | | deployment period, please complete the following |
| section: Has Motl guardian? | | gal Guardian served in the yes, which Military Branch: | Military, including Active Du | ity, Guard, Reserv Current status: A | | | No If yes, which parent or ; Reserve ; Veteran ; Deceased |
| PRIMARY LANG | UAGE: The "Prin | nary Language" spoken at g | your home is: | | | | |
| www.orangeusd.or are the grounds for | org. The law requi or suspension and | res that you be apprised of d expulsion, uniform comple | these rights annually and that | at you make writter sment policy, Title | i acknowled IX Regulati | Igment of this notificati ions and other importa | ice at your school site and on our district's websi on. Included in the Parent/Student Handbook nt mandated information. Please sign below arent/Student Handbook". |
| Parent/Guardian | Signature: | | | | | | Date |
| | nation needs to be | e updated, please check the | | ation and to keep e New work pho | | | throughout the school year. If your family's ess New emergency contact persons |
| Students will be to | ransported as a g onditions in the co | roup to a safe location. Indomination in the safe location is a safe location. | ividual students may be relea | ased to parents, ot | ners design | ated on this card, or in | rvision. If evacuation becomes necessary, extreme emergency, to adults well-known to the r emergency information on the district's |
| PHOTOGRAPH I to take photograp newspapers. I re and/or provide str | MEDIA RELEASE ohs of my son/dau ealize that no com udent information | AND STUDENT PHOTO ghter and/or provide inform mercial use will be made or on the school and OUSD v | nation pertaining to my son/da f the photographs or informati | aughter to be used on. Additionally, it on that will be pos | for publicity applicable, | / purposes in various n OUSD has my permis | th Board Policy 1113, OUSD has my permission nedia, including school flyers, radio, television an ision to post individual and team photographs information such as first and last name, age, and |
| • | | uardian Signature: | | | | | Date: |
| all students who | will be using the d terms of the agre | istrict's internet services/ele | ectronic network comply with | the terms and con | ditions of th | e "Electronic Network | tian biggations and Responsibilities/Acceptable Use vill comply with the agreement permitting his/her |
| Yes No | o Parent/Gu | ardian Signature: | | | | | Date: |
| | | lent occur and school personant occur and school personant occur and school personant occur and school personant occurs and school persona | | e parent(s)/guardi Yes | an(s) and/o No | r family physician, perr | nission is hereby granted for medical care as |
| Parent/Guardian | Signature: | | | | | | Date: |
| Family Physician: | | | Address: | | | | Phone #: |
| Family Dentist: | | | Address: | | | | Phone #: |
| What health prob | lems/allergies doe | es this student have? | | | | | |
| | FOI | | ES – PLEASE LIST BELOW | THE NAMES OF S | BIBLINGS A | ND THEIR SCHOOL | OF ATTENDANCE |
| Name of brot | ther/sister: | | | | | | |
| Name of sch | ool attending: | | | | | | |
| | | | PARENT/GUARDIAN | | | | |
| Only those signat signature of the ir | | | ooi personnel in matters conc | erning absences, | release (noi | n-emergency) from sch | nool, request for information, etc. (actual authenti |

| S | g | na | tu | re |
|---|---|----|----|----|
| | | | | |

Signature: _____ Parent/Guardian: _____ Date: _____

Signature: _____ Parent/Guardian: _____ Date: _____ Form 93055

Rev. 6/12/2015 Ed. Serv.