

2024-2025 Student Profile

Please complete the form below.

General Information	Current Record	Corrections
Student's Name:		
Mailing Address:		
Student Resides With:		Choices (Circle One): Both Parents, Mother Only, Father Only, Mother & Stepfather, Father & Stepmother, Other Relative, Guardian, Foster Parents
Confidential Living Situation:		Choices (Circle One): House/Apartment/Rental, Living with Relatives, Hotel/Motel, Homeless Shelter, Youth or Victim Shelter, Unsheltered
Birth Date:		
Physical Address:		
Home Phone:		
Parent/Guardian Email Address:		

Parent/Guardian Information	Current Record	Corrections
Mother		
Employer		
Cell Phone/Work Phone		
Father		
Employer		
Cell Phone/Work Phone		
Guardian		
Employer		
Cell Phone/Work Phone		

In an **EMERGENCY** situation when we cannot reach you at home or at work, please list several people who have agreed to take responsibility for your child and consented to the release of their address and phone numbers so we may reach them as an alternative.

Emergency contact person(s)	Current Record	Corrections
Name and Phone of First Contact:		
Relationship to Student:		
Name and Phone of Second Contact:		
Relationship to Student:		
Name and Phone of Third Contact:		
Relationship to Student:		

Medical Information	Current Record	Corrections
Doctor's Name:		
Doctor's Phone:		

Medical Considerations	Current Record	Corrections/Additions
List any medical conditions, medications, allergies or conditions that relate to your child.		

Race and Ethnicity
<p>Both parts A and B MUST be completed. We encourage you to select an answer for both parts. If either part A or B is not answered, the U.S. Department of Education requires the school district to supply an answer on your behalf.</p> <p>Part A. Is this student Hispanic/Latino (Cuban, Mexican, Puerto Rican, South American or other Spanish culture or origin, regardless of race)? ___ Yes ___ No</p> <p>The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.</p> <p>Part B: What is the student's race? (Choose only ONE)</p> <p><input type="checkbox"/> American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)</p> <p><input type="checkbox"/> Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand and Vietnam.)</p> <p><input type="checkbox"/> Black or African American (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.)</p> <p><input type="checkbox"/> White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)</p>

General Permission/Information
<p>Permission for Field Trips: I understand that my child's class may be involved in field trips that require leaving the building. When transportation is required, my child will be transported by bus. I give permission for my child to participate in these activities.</p> <p>Medical Emergency: In the event I cannot be reached in a medical emergency, I HERBY GIVE PERMISSION FOR THE EMERGENCY TREATMENT OF the above named student. I understand that I will be contacted ASAP in the event of a medical emergency. I understand the above information may be released to those working with my child.</p> <p>Photo Release: I give permission for my child to be named or pictured in local newspapers, school newsletters, the district web page, or other publications. The purpose of these publications is to recognize student activity and achievement, publicize school events, and celebrate the success of the students.</p> <p>Handbook: I can access a copy of the Parent/Student handbook at www.boynefalls.org or understand I can pick up a "hard" copy of the handbook at the school office.</p> <p>Concussion Awareness Information: I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by Boyne Falls School.</p> <p>I acknowledge I have read or have access to the information to read, verify the information is true, and agree to the conditions of the items above.</p> <p>Parent/Guardian Signature: _____ Date: _____</p>