



# NEW STUDENT INFORMATION QUESTIONNAIRE

Please print or type. Circle "YES" or "NO" in answer to questions preceded by "YES" or "NO." Place "X" in appropriate boxes unless otherwise instructed.

### Student's Legal Name

\_\_\_\_\_  
Last First Middle Suffix

Gender:  Male  Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Student Social Security Number \_\_\_\_\_  
MO DAY YEAR

Student's Nickname \_\_\_\_\_ Birthplace \_\_\_\_\_

### Race/Ethnic Origin

The Parkway School District is required to make reports to the Office of Civil Rights and to the State of Missouri using the following Race/Ethnic categories. The race/ethnic categories are established by the State of Missouri; therefore please **SELECT ONE** for reporting purposes. Please note that Parkway School District is required by the state to report the Race/Ethnic Origin for every student.

Enter Code:

- A Asian/Pacific Islander:** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indian subcontinent. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- B Black** (not of Hispanic Origin): A person having origins in any of the Black racial groups of Africa.
- H Hispanic:** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin—regardless of race.
- W White** (Not of Hispanic Origin): A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- I American Indian/Alaskan:** A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

### PRIMARY HOUSEHOLD

PARENT/GUARDIAN WITH WHOM STUDENT RESIDES (LIST BELOW)

\_\_\_\_\_  
Last First Relationship/Gender (Area) Home/Primary Contact Phone

\_\_\_\_\_  
Address Apt # City/Zip Code

\_\_\_\_\_  
(Area) Work Phone (Area) Cell Phone E-Mail Address (Important in order to receive District/School News)

OTHER PARENT/GUARDIAN OR SPOUSE WITH WHOM STUDENT RESIDES (LIST BELOW)

\_\_\_\_\_  
Last First Relationship/Gender (Area) Work Phone

\_\_\_\_\_  
(Area) Cell Phone (Area) Other E-Mail Address

### LIST BROTHER(S)/SISTER(S) ATTENDING A PARKWAY SCHOOL

Name of Sibling	Grade	Parkway School Name

Student Name: \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

**SECONDARY HOUSEHOLD**

OTHER PARENT/GUARDIAN WITH WHOM STUDENT DOES **NOT** RESIDE (LIST BELOW)

Last	First	Relationship/Gender	(Area) Home Phone
Address		Apt #	City/State/Zip Code
(Area) Work Phone	(Area) Cell Phone	E-Mail Address <u>(Important in order to receive District/School News)</u>	

**EMERGENCY CONTACTS**

List three neighbors/relatives to whom student may be released if parents cannot be reached.

Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relation			
Home Phone #			
Work Phone #			
Cell Phone #			
Other #			

Student's Current Grade Level: \_\_\_\_\_

**School(s) Last Attended**

(including Pre-School): \_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_

YES NO Has student ever attended a Parkway school before?  
If yes, Name of Parkway School \_\_\_\_\_

YES NO Does the student speak a language other than English as primary form of communication?  
If yes, Language: \_\_\_\_\_

YES NO Is a language other than English spoken in the home as a form of communication?  
If yes, Language: \_\_\_\_\_

YES NO Was student born outside of the United States?

YES NO If yes, has student attended **less than** three (3) full academic years in the United States?  
If yes, what date did student enter the United States \_\_\_\_\_

YES NO Do you currently reside with another family or a person other than family?

YES NO Are you sharing the housing of other persons, residing at a motel, hotel, in a car, campsite, or shelter due to loss of housing or economic hardship?

**FEDERAL MIGRATORY WORKER SURVEY**

If you have a child aged 5 through 21 and you have moved from one school district to another school district within the past three years, your child may be eligible for a special program of supplemental services. Please answer the following question to help us determine if your child is eligible.

YES NO Has either parent or guardian or the student or student’s spouse, been employed within the past three years (or are any of the persons mentioned currently employed) in some form of temporary or seasonal agricultural or agricultural-related work such as planting or harvesting crops (vegetables, fruit, cotton, etc.); transporting farm products to market; feeding or processing poultry, beef, hogs; gathering eggs or working in hatcheries; working on a dairy farm or a catfish farm; cutting firewood or logs to sell; or landscaping?

YES NO Has student received special education services under the Individuals with Disabilities Education Act (IDEA)? Please provide a copy of most recent Individual Education Plan (IEP) and evaluation documentation. If yes, intake/reactivation required by Special School District.

YES NO Has student been receiving Section 504 accommodations? Please provide a copy of most recent Individual Accommodation Plan (IAP) and evaluation.

YES NO Was the previous school considering or investigating whether student has a disability under IDEA or 504 (i.e. suspected of having a disability)?

YES NO Is student currently receiving Title I or Remedial Reading Services?

YES NO Is student currently receiving Formal Gifted Program services?

YES NO Has the student received any of the above services in the past?

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please place an “X” in the box next to any of the following items if appropriate. Otherwise, it is assumed you grant permission for Parkway to release or use the information as specified.

**Parkway MAY NOT release my child’s directory information.**  
Under Federal Education Rights and Privacy Act, public school districts are allowed to release basic directory information, which is student’s name, grade level, parent/guardian names, address, telephone number, date of birth, major field of study, participation in activities and sports including audiovisual or photographic records of the openly visible activities thereof, weight and height of members of athletic teams, dates of attendance, degrees and awards received, most recent school attended by student, enrollment status, photographs including photographs of regular school activities that do not disclose specific academic information about the child and/or would not be considered harmful or an invasion of privacy. **If you do not wish for this information to be released, please put an “X” in corresponding box.** For additional explanation, refer to the Privacy Notice in Parkway’s “Back 2 School” publication or visit <http://www.pkwy.k12.mo.us/departments/pupilpersonnel/ferpa.pdf>

**My child’s name MAY NOT be included in the school buzz book.**  
You do not wish for your child’s name to be included in the school buzz book. If you put an “X” in the previous box denying release of directory information and do not put an “X” in this box, then your child’s name will be included in the buzz book.

**My child MAY NOT be photographed and/or taped for publication or public use. I understand this includes school pictures and yearbook. Denial of permission does not affect the district’s authority to use video cameras for law enforcement and discipline purposes.**  
You do not wish your student to be photographed or videotaped at school or during school activities. **This includes annual school pictures and electronic images to be published in school/district publication for electronic media. This also means your child will not appear in the yearbook and on Parkway websites.**

**Medical/health concerns related to my child MAY NOT be disclosed to district staff.**  
You do not wish the school nurse to report your child’s health issues/problems to the administrators/teachers and other district staff who work with him/her. **Please be aware denial of this information to the staff working with your child could cause serious consequences in the event of an emergency.**

**I acknowledge that all of the information on these pages is true and accurate.**

**STUDENT HEALTH INFORMATION**

Student Name: \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

YES NO Is the student currently under any kind of ongoing medical treatment or care?

Does your child experience health problems, e.g. serious allergic reactions, asthma, ear or eye, cardiac, neurological, orthopedic, emotional, or psychological problems or required surgery?

Health Problem	Date	Name of Care Provider (if still under care)

YES NO Is the student currently taking any medication (prescription or over the counter)?

Name of Medication	Prescribed by	Date Begun	Dosage/Frequency

List Known Drug Allergies \_\_\_\_\_

**Medical/Nursing care needed at school (describe in detail).**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** Health concerns such as diabetes, seizures, asthma, and severe allergic reactions may need additional health care plans. Please contact your school nurse as soon as possible to discuss your child's needs.

YES NO Does your child wear glasses/contacts?

Current Daycare Provider \_\_\_\_\_ Phone # \_\_\_\_\_

**LIST BROTHER(S)/SISTER(S) ATTENDING A PARKWAY SCHOOL**

Name/Grade			
School Name			

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only:**

Student ID # \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Immunization Records/Updates Received  Yes  No

Additional Health Care Plans Complete  Yes  No

**Registrar Note: This page to be given to School Nurse.**



# EMERGENCY AUTHORIZATION FORM

**FOR SCHOOL USE ONLY**

Student # \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

**Student's Legal Name**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MO DAY YEARGender:  Male  Female**CUSTODIAL PARENT/GUARDIAN WITH WHOM STUDENT RESIDES (LIST BELOW)**

Last \_\_\_\_\_ First \_\_\_\_\_ Relationship \_\_\_\_\_ (Area) Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City/Zip Code \_\_\_\_\_

(Area) Cell Phone \_\_\_\_\_ (Area) Work Phone \_\_\_\_\_

**OTHER CUSTODIAL PARENT/GUARDIAN (LIST BELOW)**

Last \_\_\_\_\_ First \_\_\_\_\_ Relationship \_\_\_\_\_ (Area) Home Phone \_\_\_\_\_

(Area) Cell Phone \_\_\_\_\_ (Area) Work Phone \_\_\_\_\_

**EMERGENCY CONTACTS**

List three neighbors/relatives to whom student may be released if parents cannot be reached.

Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relation			
Home Phone #			
Work Phone #			
Cell Phone #			
Other #			

Physician Name \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone # \_\_\_\_\_

**EMERGENCY AUTHORIZATION**

In an emergency, I hereby authorize the school to make such arrangements as necessary. I also authorize the hospital/physician/dentist to perform necessary procedures. I understand that the cost of medical attention and ambulance are the responsibility of the parent.

Name of Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

I prefer my child be taken to \_\_\_\_\_ hospital approved by the insurance company.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_