

**New Learning Resources School District**  
**STUDENT INFORMATION**  
**2019-2020**

(Please fill out as much as possible)

Grade: \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

Student's Cell Phone (if applicable): \_\_\_\_\_ Email: \_\_\_\_\_

**Important Medical Concerns or Special Needs** (ex: asthma, allergies, etc...)

---

---

**Mother's Name:**

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Father's Name:**

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If parents are divorced or separated, to whom should correspondence be sent?

☐ Both Parents ☐ Mother ☐ Father

If parents are divorced, who has legal custody?

☐ Joint Custody ☐ Mother ☐ Father

**Emergency Contact 1:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Emergency Contact 2:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Emergency Contact 3:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Emergency Contact 4:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**NEW LEARNING RESOURCES SCHOOL DISTRICT  
CONSENT FOR PHOTOGRAPHS  
2019-2020**

Student(s) Name (list all of your children enrolled):

---

---

---

---

I hereby authorize and give full consent to New Learning Resources School District to publish and copyright all photographs in which my child appears while enrolled as a student in any and all programs of NLRSD. I further agree that NLRSD brochures, newsletters, advertising, posters, displays, slide shows, videotapes, catalogs, radio interviews, tv interviews, filming, web sites, and literature without limitations or reservations.

I am the parent/legal guardian of the student(s) named above.

Parent's Name (please print): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I **DO NOT** authorize consent and I am the parent/legal guardian of the student(s) named above.

Parent's Name (please print): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**New Learning Resources School District  
Student Pick-Up Form  
2019-2020**

My student, \_\_\_\_\_, may be picked up by the following people. I confirm that I am the legal guardian of the above student.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized to Pick-Up (name & relationship):

---

---

---

My student, \_\_\_\_\_, may **NOT** be picked up by the following people. I confirm that I am the legal guardian of the above student.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following people may NOT pick-up my student:

---

---

---

**PARENTAL AUTHORIZATION TO ADMINISTER MEDICINE  
NEW LEARNING RESOURCES SCHOOL DISTRICT  
2019-2020**

TO: Parents

In order for a student to receive any type of medication (prescription or over-the-counter), written permission must be on file with the school office. No medication will be dispensed to a student without parental permission. The school also asks that a list of medications the student is taking be provided and updated as changes are made. It is the parent's responsibility to provide the school with specific written instructions regarding medication administration. The parent, not the student, must provide the medication to be administered.

(1) I am the parent with legal custody or the legal guardian of \_\_\_\_\_  
\_\_\_\_\_ a student attending this school. This student requires medication at intervals  
during the school day.

I hereby give my consent and authorize the school to administer the following:

\_\_\_\_\_  
\_\_\_\_\_

a non-prescription or an over-the-counter medication which I am hereby supplying you, in accordance with the written instructions on the label.

(2) Administer \_\_\_\_\_, a filled prescription medication which I  
am hereby supplying you, in accordance with the directions for the administration of the medicine listed  
on the label of the vial.

I understand that under state law the Board of Education, the School District, or employees of the District shall not be liable to the student or the student's parent or guardian for civil damages for any personal injuries to the student which result from acts or omissions of school employees in administering the medicine I have hereby authorized.

Dated the \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Parent with Legal Custody or Guardian

\_\_\_\_\_  
Witness