

Student Demographic and Contact Information

Student Information

First	Middle	Last	Suffix	Gender (M/F)
Legal name:				
Date of birth: / /	Student ID:	Grade:	Main phone: ()	
Residence address:			City	Zip
Mailing address:			City	State Zip

Contact 1

First	Middle	Last	Suffix	Responsible party* <input type="checkbox"/>		
Name:						
Relationship:	Employer:	Allowed to pick up student <input type="checkbox"/>	Lives in residence <input type="checkbox"/>			
If different than student		City	State	Zip		
Address:						
Phone	Receive text messages	Work Phone	Emergency use only	E-mail address	Work E-Mail	Emergency use only
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Contact 2

First	Middle	Last	Suffix	Responsible party* <input type="checkbox"/>		
Name:						
Relationship:	Employer:	Allowed to pick up student <input type="checkbox"/>	Lives in residence <input type="checkbox"/>			
If different than student		City	State	Zip		
Address:						
Phone	Receive text messages	Work Phone	Emergency use only	E-mail address	Work E-Mail	Emergency use only
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Contact 3

First	Middle	Last	Suffix	Responsible party* <input type="checkbox"/>		
Name:						
Relationship:	Employer:	Allowed to pick up student <input type="checkbox"/>	Lives in residence <input type="checkbox"/>			
If different than student		City	State	Zip		
Address:						
Phone	Receive text messages	Work Phone	Emergency use only	E-mail address	Work E-Mail	Emergency use only
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Contact 4

First	Middle	Last	Suffix	Responsible party* <input type="checkbox"/>		
Name:						
Relationship:	Employer:	Allowed to pick up student <input type="checkbox"/>	Lives in residence <input type="checkbox"/>			
If different than student		City	State	Zip		
Address:						
Phone	Receive text messages	Work Phone	Emergency use only	E-mail address	Work E-Mail	Emergency use only
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

***Responsible party refers to the parents or guardians that are legally responsible for this student. Please complete both sides. Tear out and return to student's school. Contact the campus if future changes need to be made to the information above.**

Student Permissions and Health Information

Student name:	First	Middle	Last	Suffix	Student ID
----------------------	-------	--------	------	--------	------------

➤ **Student Handbook:**

Check to confirm: We acknowledge that we have received the campus Student Handbook.

➤ **Code of Conduct:**

Check to confirm: We acknowledge the Student Code of Conduct is accessible online at www.abileneisd.org and a hard copy is available upon request at the campus. We understand students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the Code. We will contact the campus administrator if we have questions or need an explanation regarding the required conduct and consequences for misconduct.

I do not give permission for this student to be administered corporal punishment. Please reference the Student Code of Conduct for more information on corporal punishment.

➤ **Student Acceptable Use of Provided Internet and Computer Resources:**

We understand computer use and resources are not private. The District will be able to track activity, and may detect and punish misuse. We understand District computers, Internet access, and resources (such as: databases, email, and software) are designed for educational purposes and are filtered/monitored. The student will be able to access specifically approved filtered/monitored educational resources (such as: online textbooks, databases, educational sites, and email). Please check below regarding your preference for this student to have filtered Internet access beyond basic educational online content mentioned above.

Yes No I give permission for this student to have general filtered Internet browsing rights beyond basic educational online resources

Student signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

➤ **Release of Student Information:**

Abilene ISD has designated the following information as directory information that may be released to the public, subject to the choices indicated below.

student's name, address, telephone listing, email address, photograph, date and place of birth, major field of study, degrees/honors/awards received, dates of attendance, grade level, most recent school previously attended, participation in officially recognized activities and sports, weight and height – if a member of an athletic team

Please choose one preference for both the school sponsored and non-school sponsored categories regarding this student's release of information.

	Release to anyone	Do not release to anyone except Military Recruiters and Institutes of Higher Learning without specific written consent	Release to no one without specific written consent
School sponsored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-School sponsored (includes PTA/PTO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

➤ **Public Media Permission:**

Yes No I give permission for this student to be personally interviewed, photographed, and identified by Abilene ISD or the public media for the purpose of doing a story on the student, classroom, or school project.

Yes No I give permission to display this student's class work, projects, and technology products in any format (printed, digital, etc.) without personal identification or by first name only.

➤ **Field Trip:**

Field trips are an integral part of the educational learning process. Prior to each field trip the parent will be notified of the nature of the trip.

Yes No I give permission for this student to participate in field trips.

I, the undersigned, do hereby authorize officials of the Abilene Independent School District to contact directly the persons named on this form. Furthermore, I also authorize the physician named to render such treatment as may be deemed necessary in an emergency for the health of said child.

In the event physicians or other persons named on this form or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.

I understand that the school district is not financially liable for costs of emergency transportation and/or treatment of said child.

I understand my child will be participating in State mandated health screenings.

I give permission to disclose medical information to AISD faculty/staff concerning my child on a need-to-know basis to ensure his/her health, safety and academic achievement during regular school hours

I give my permission to release immunization records from the Taylor County Health Department or Dyess AFB Clinic to the Abilene Independent School District.

Parent/Guardian signature: _____ Date: _____

Known health issues (Confidential matters may be disclosed to School Nurses on separate form if desired): _____

Medications taken daily: _____

Child's Doctor: _____ Child's Dentist: _____