

## EMERGENCY CONTACT, IF PARENT/GUARDIAN ARE NOT AVAILABLE

Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to student \_\_\_\_\_

## MEDICAL HISTORY

List any chronic or major medical condition for which your student is being treated \_\_\_\_\_

List any known allergies \_\_\_\_\_

List any prescription medications your student must take during school hours and any special instructions \_\_\_\_\_

List any non-prescription medications KCDS has permission to give to your student (Ibuprofen, acetaminophen, antacids) \_\_\_\_\_

Physician \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital or Clinic \_\_\_\_\_

## ETHNICITY

Required for Illinois State Board of Education Enrollment Reports. Please check one.

- |   |  |
|---|--|
| <input type="checkbox"/> White                            | <input type="checkbox"/> Asian                                     |
| <input type="checkbox"/> Hispanic or Latino               | <input type="checkbox"/> Black or African American                 |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |

## STUDENT INFORMATION

GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  FEMALE  MALE

STUDENT \_\_\_\_\_  
LAST FIRST MIDDLE (NICKNAME)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STUDENT CELL PHONE: \_\_\_\_\_



## MOTHER/GUARDIAN INFORMATION

NAME \_\_\_\_\_ SPOUSE \_\_\_\_\_  
LAST FIRST MIDDLE (NICKNAME)

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
(If different from above)

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## FATHER/GUARDIAN INFORMATION

NAME \_\_\_\_\_ SPOUSE \_\_\_\_\_  
LAST FIRST MIDDLE (NICKNAME)

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
(If different from above)

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PLEASE NOTIFY THE SCHOOL OF ANY CHANGES TO THIS FORM