

**STUDENT INFORMATION FORM**

**2021-2022**

**PLEASE PRINT**

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

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

Parent/Guardian Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

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

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

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

Parent/Guardian Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

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

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

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

Student's Cell Phone Number *(if applicable) - For Transportation Purposes Only* \_\_\_\_\_

Student's Email Address: \_\_\_\_\_

Who does the student live with?

Both Parents

Guardian

Mother

Other Who? \_\_\_\_\_

Father

## EMERGENCY CONTACT INFORMATION

Emergency Contact:  
(other than parent/Guardian)

Relationship:

Home Phone Number:

Cell Number:

Emergency Contact:  
(other than parent/Guardian)

Relationship:

Home Phone Number:

Cell Number:

Emergency Contact:  
(other than parent/Guardian)

Relationship:

Home Phone Number:

Cell Number:

### Permission to Release Student

I give permission for my child being visited by and/or released by the school bus driver, nurse, counselor, teacher, or school administrator to the following named individuals, (as well as those named above) and I accept full responsibility for my child's release:

Name/Relationship to student	Home/Cell Number	Email Address

### VARIOUS PERMISSIONS

The following are activities that your child **may** participate in during the 2021-2022 school year, please contact your child's program supervisor if you do not consent to any of these activities:

Amusement Parks

Events sponsored by other organizations

Public Transportation Trips

Athletic Parks

Farm Visits

Shopping

Beach Trips

Fishing

Skating

Boat Rides

Horseback Riding

Swimming

Bowling

Indoor Rock Climbing

Walks/Hikes

Camping

Parks/Playgrounds/Picnics

Zoo Trips

**Various Permissions** (Continued)

I give permission for CSB to photograph my child for school use including:

- |   |   |
|---|---|
| <input type="checkbox"/> All okay                                   | <input type="checkbox"/> Staff Development Activities |
| <input type="checkbox"/> Brochures                                  | <input type="checkbox"/> Social Media                 |
| <input type="checkbox"/> Online Instruction: Zoom, Google           | <input type="checkbox"/> Video Tape/Television        |
| <input type="checkbox"/> Publications ( <i>newspaper/journals</i> ) | <input type="checkbox"/> Website                      |
| <input type="checkbox"/> School Newsletter                          | <input type="checkbox"/> Yearbook                     |

Is either parent on Active Duty with the Armed Forces or full-time with the National Guard?

- Yes     No

Who holds **Educational Rights** for your child?

- Student - over 18, not conserved
- Both Parents\*\*
- Mother Only\*\*
- Father Only\*\*

**\*\*NOTE: If student is over 18, please provide a copy of conservatorship paperwork**

\_\_\_\_\_  
Parent/Adult Student Name - Please Print

\_\_\_\_\_  
Parent/Adult Signature

**\*\*must be signed by student if over 18, and not conserved**

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