



Other ID # _____

(Name of school)

(Today's Date) Attended Lawrence Public Schools Yes _____ No _____

Name of LPS school/Date attended _____

Name must be as it appears on birth certificate:

Grade level: 6th 7th 8th

Student Legal Last Name _____ First Name _____

Middle Name _____ Date of Birth _____ Gender: Male / Female

Race/Ethnicity: a) Is the student Hispanic/Latino or of Spanish origin? Yes No

b) Select one or more races from the following racial groups: _____

- 1=American Indian or Alaska Native 2=Asian 3=Black or African American
- 4=Native Hawaiian or Other Pacific 5=White

Does this student receive special education services? Yes _____ No _____ Primary Exceptionality: _____
 If yes, please provide Health Insurance information: Medicaid Healthwave Other _____

Primary Guardian residing at the student's address:

Circle One: Father / Mother / Step / Other

Last Name _____ First Name _____

Residential Address (No PO Box) _____ Zip Code _____

Mailing Address (if different) _____ Employer _____

Call Order _____ Unlisted _____ Home Phone (_____) _____ Work Phone (_____) _____

Cell Phone (_____) _____

For online access to student records, please provide a current email address: _____

Secondary Guardian residing at the student's address:

Circle One: Father / Mother / Step / Other

Last Name _____ First Name _____

Residential Address (No PO Box) _____ Zip Code _____

Mailing Address (if different) _____ Employer _____

Call Order _____ Unlisted _____ Home Phone (_____) _____ Work Phone (_____) _____

Cell Phone (_____) _____

For online access to student records, please provide a current email address: _____

Parent NOT residing at the above address: Extra Mailings: Yes No E-mail address _____

Circle One: Father / Mother

Last Name _____ First Name _____

Residential Address (No PO Box) _____ Zip Code _____

Mailing Address (if different) _____ Employer _____

Call Order _____ Unlisted _____ Home Phone (_____) _____ Work Phone (_____) _____

Cell Phone (_____) _____

For online access to student records, please provide a current email address: _____

Student lives with: Both parents Mother Father Stepparent Guardian Other _____

What school did student attend during the 2010-2011 school year?

School Name _____ City/State _____

Kansas school entry date: _____ United States school entry date: _____

What language is usually spoken in the home? _____

What is the first language of the student? _____

Does either parent have a first language other than English? _____

Has your family moved in the last 36 months to seek or obtain agriculture or fishing-related work? Yes No

If yes, was the move from one school district to another? Yes No

List Phone number(s) for Automated Phone Messages: _____

Person(s) other than physician to call in case of illness or emergency if unable to reach parent:

Name _____ Address _____ Phone (____) _____ Relationship _____

Name _____ Address _____ Phone (____) _____ Relationship _____

Has the student ever been Expelled or Suspended _____ Yes _____ No

When _____ Length of time _____ School _____

When _____ Length of time _____ School _____

I have read and agreed to the Acceptable Use Policy. I give permission for my student to use school computers, including Internet, under the supervision of school personnel. ____ initials

I have read and agree to the Blanket Authorization to participate in field trips within the Lawrence Area. I give permission for my student to attend trips within Lawrence planned by the school and under the supervision of school personnel. ____ initials

I have reviewed and understand the responsibilities of students riding Lawrence Public School buses and agree to assume full responsibility for my child's conduct on the bus. ____ initials

I give permission for my student's photographs, videotape coverage, voice and/or student work to be used in school-related publications, website, social media or promotional pieces. ____ initials

I agree to the above statements. _____

Parent/Guardian signature

If the parent or guardian requires special accommodations due to a disability, please inform the school office.

Lawrence Public Schools
PLEASE RETURN TO THE SCHOOL NURSE
 HEALTH HISTORY FORM FOR _____ SCHOOL YEAR

STUDENT INFORMATION

Name of Student _____ Grade _____
 Home Address _____ Home Phone _____
 Date of Birth _____ Age _____ Sex F M School last attended _____
 Mother/Guardian's Name _____ Wk # _____
 Father/Guardian's Name _____ Wk # _____
 Email address: _____
 Cell phone: Mother _____ Cell Phone: Father _____
 Student lives with Both Parents Mother Father Guardian
 Physician _____ Phone _____ Hospital _____
 Dentist _____ Phone _____

EMERGENCY CONTACTS (in cases when a Parent/Guardian cannot be reached)

1. Name _____ Hm/Cell # _____
 2. Name _____ Hm/Cell # _____

HEALTH CONDITIONS (check those that apply)

<input type="checkbox"/> ADD / ADHD	<input type="checkbox"/> Eating Disorder
<input type="checkbox"/> Allergies (Life Threatening)	<input type="checkbox"/> Endocrine Disease
<input type="checkbox"/> Allergies	<input type="checkbox"/> G.I. Disorder (Stomach / Intestinal)
<input type="checkbox"/> Arthritis / Connective Tissue	<input type="checkbox"/> Genetic Disorder
<input type="checkbox"/> Asthma / Reactive Airway	<input type="checkbox"/> Headaches Type:
<input type="checkbox"/> Behavioral / Emotional / Psychological	<input type="checkbox"/> Hearing Impaired Hearing Aid <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Blood Disorder	<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Brain / CNS Disorder	<input type="checkbox"/> Musculoskeletal Disorders
<input type="checkbox"/> Cancer	<input type="checkbox"/> Prosthesis
<input type="checkbox"/> Cardiovascular (Heart / Blood Disease)	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Skin Disease
<input type="checkbox"/> Chicken Pox Date: _____	<input type="checkbox"/> Spina Bifida
<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Urinary / Kidney Disease
<input type="checkbox"/> Dental	<input type="checkbox"/> Visually Impaired Glasses <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Developmental Delay	
<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Other (Please List)	

Please fully explain any answers checked above (include severity and symptoms of any allergies)

Please list any medication the student takes on a regular basis _____

Please list any other factors that the school nurse, counselor or your child's teacher(s) should know of which might affect the student's school experience _____

_____ 504 Plan on file? YES NO

Statement of Consent: This information will be held in confidence and disclosed to school personnel to the extent necessary to protect the health of the student. In order to better serve the health needs of my child, I hereby give permission for the transfer of health information to school and other appropriate health professionals, including immunizations status to state and local authorities as requested. I authorize school personnel to obtain emergency medical care for my child in the event I cannot be reached. If transportation by ambulance is required, this may be obtained.

Parent/Guardian Signature: _____

Date: _____



REQUEST FOR SECONDARY STUDENT RECORDS

Date: _____

Name of Student: _____

Date of Birth: _____

State Student ID: _____

Please FAX UNOFFICIAL school records as soon as possible.
Please MAIL official records.

RECORDS REQUESTED FROM PREVIOUS SCHOOL: _____

Telephone: _____ Fax: _____

Years attended pervious school: _____ to _____

Current Grade Level: _____ Last grade level attended: _____

Please send the records which are checked below:

- Permanent Records
- Grades (Current Semester Grades required)
- Attendance Records
- Immunization Records
- Current Transcripts
- Discipline Records
- Special Education File
- Standardized Test Results
- Other Records: _____

I hereby authorize the disclosure of all educational, medical, and psychological information regarding the above student to go to or be received from the school indicated on this form. I understand that the information thus obtained will be treated in a confidential manner.

Parent/Legal Guardian's Signature (if required)

Date

Parent/Legal Guardian Name

Address

Telephone