

Office Use Only:
Entry Date _____
Entry Code _____
Student ID _____
Locker # _____

**PURCELL HIGH SCHOOL
STUDENT INFORMATION**

****Please PRINT all information in the spaces below. If a section does not apply to you, write N/A in the space provided.**

STUDENTS FULL LEGAL NAME _____

SOCIAL SECURITY # _____ **DATE OF BIRTH** _____

PHYSICAL ADDRESS _____

MAILING ADDRESS (if different) _____ **HOME PHONE** _____

GUARDIAN E-MAIL ADDRESS (if applicable) _____

PLACE OF BIRTH _____ **AGE** _____ **GRADE ENTERING** _____

REQUIRED BY THE STATE DEPT. OF EDUCATION: A). Are you of Hispanic/Latino culture or origin? _____ YES _____ NO

B). What is your race? (Choose one or more).
_____ Asian, _____ American Indian or Alaskan Native
_____ Black/African American _____ Native Hawaiian or Other Pacific Islander
_____ White

GUARDIAN 1: _____ (Please list code #)- 01-Father, Foster, 02-Father, Natural/Adoptive, 03-Father, Step 04-Mother, Foster, 05-Mother, Natural/Adoptive, 06-Mother, Step, 07- Adoptive Parents, 08-Court Appointed Guardian, 09-Foster Parent **(STATE DEPT. OF EDUCATION REQUIRES).**

NAME OF GUARDIAN 1 _____

EMPLOYER _____

CELL PHONE # _____ **WORK PHONE #** _____

GUARDIAN 2- _____ (Please list code # from above) **NAME** _____

EMPLOYER _____

CELL PHONE # _____ **WORK PHONE #** _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP _____ **PHONE #** _____

STUDENT'S DOCTOR _____ **PHONE #** _____

Please answer if student has Indian Tribal Affiliation: **TRIBAL NAME** _____
CDIB # _____ **ROLL #** _____

Is language other than English most often spoken in your home? _____ YES _____ NO
If Yes, what language? _____

Bus Transportation: *Even if student does not ride the bus, this information must still be completed.*

Distance from student's home to the high school- More than 1.5 miles _____ Less than 1.5 miles _____

Is bus transportation available to and from your home? _____ YES _____ NO Bus # _____

PARENT RELEASE FORM

MEDICAL

I authorize the school to administer prescription medicine. _____ YES _____ NO

I authorize the school to administer non-prescription medicine. _____ YES _____ NO

I authorize the school to administer standard first aid procedures. _____ YES _____ NO

If parent/guardian cannot be contacted, I authorize the school to contact the local EMS for assistance if needed, or to transport student to appropriate medical facility. _____ YES _____ NO

CORPORAL PUNISHMENT

Purcell Schools still incorporates the use of corporal punishment in the office. Shall only be used when other forms of discipline were not a deterrent and shall only be administered by the school administration. *By refusing corporal punishment, in some instances, your child may be subject to suspension. **Not returning this form will give Purcell Schools permission to issue corporal punishment.**

Please check one of the following:

- I authorize the school administration to administer corporal punishment. _____
- I do **NOT** grant permission to Purcell Schools to use corporal punishment. _____

ATTENDANCE POLICY

I understand that my child's attendance at school is critical for his/her education. And it is my responsibility as the parent/guardian to have my child at school and on time. A student must be in the classroom 80% of the time to receive credit for that class. Only emergency absences, approved by the principal, shall not count against the attendance limit. The student is allowed **10** absences per semester, more than this will result in grade being lowered. On the **13th** absence of a semester, the student will receive **NO CREDIT** for that particular hour.

TECHNOLOGY FEE

Purcell Schools will have Student Web Lockers available for students to save work from an outside computer or a school computer. To pay for these web lockers and to defray the costs of printing for the student, there will be a technology fee of **\$5.00**. _____ YES _____ NO

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____