


STUDENT PROFILE

Laramie County School District No. 2 - Pine Bluffs Jr/Sr High School

Sign Here  indicates signature or initials required for authorization

Student's Name _____ Social Security #: _____ Grade: _____
(Last, First Middle)
Birthdate: _____ Gender: _____ Birthplace: _____ Phone: _____
Street Address: _____ City, State Zip: _____
Mailing Address: _____ City, State Zip: _____ Email Address: _____
Father: _____ Father's Workplace: _____ Father's Work Phone: _____
Father's Cell Phone: _____
Mother: _____ Mother's Workplace: _____ Mother's Work Phone: _____
Mother's Cell Phone: _____
Step Parent: _____ Step's Workplace: _____ Step's Work Phone: _____
Step's Cell Phone: _____
Student resides with? _____ Who has custody? _____ Foster Care Y N
Single Parent Household? _____ Is one or more Parent active in the military? Y N National Guard/Reserve

Student's Health History

Doctor's Name: _____ Doctor's Location _____ Doctor's Phone: _____
Dentist's Name: _____ Dentist's location: _____ Dentist's phone: _____

List your child's allergies. Give dates hospitalized with allergies. _____

List any diseases, operations, injuries and the year: _____

Does your child have visual _____ Corrective lenses? _____ Ear Infections? _____ Vent tubes? _____ Hearing Aides? _____
or hearing problems? _____

Does your child require medication at school? _____ Home? _____


If yes, list _____ If yes, list _____

INSURANCE INFORMATION *All students must have the following information on file.*

Insurance Company covering my child: _____ Policy Number: _____


Name of Policyholder: _____

All students must have the above insurance information on file. Laramie County School District Number 2, does not provide insurance for students, but you may purchase accidental insurance through the school. Forms are available at the school office. Please initial the correct response

Sign Here  Yes, I will be purchasing a School Accident Policy. _____ No, I will not be purchasing a School Accident Insurance policy.

*****The following permission/ information must be updated annually*****

*****Permission for Non-Aspirin and Throat Cultures*****

Sign Here  **I, _____, give LCSD #2 personnel consent to administer to my child:

Parent/Guardian Signature

Non aspirin: Yes No Throat Culture: Yes No

If non aspirin, yes specify type Acetaminophen Ibuprofen

*****A legal document stating guardianship may need to be provided to the school*****

Is there a second parent or legal guardian who would like to receive school mailings? If yes, please list:

Name: _____

Mailing address: _____

Is there someone who should NOT pick up your child at school? If yes, notify the school office.

New Student Transfer Information *(Completed for transfer students only)*

Student's previous school attended: _____

School Address: _____ Grade: _____ Teacher: _____

School City: _____ State: _____ Zip Code: _____

Student has received: Special Education _____ Title I Services _____

Other special services, explain _____

**ADDITIONAL INFORMATION NEEDED FOR ALL STUDENTS
CONTINUE TO NEXT PAGE**

Sign below to authorize permission for your child to view movies rated according to the appropriate grade level. G rated movies/videos at grades K-6 or PG rated movies/videos at grades 7-12. (Policy Code: IIBE)

Sign Here Parent/Guardian Signature _____ Date _____

Initial here if you request your child **not view** any movie/video without notification and permission.

In accordance with HIPAA (Health Insurance Portability and Accountability Act) we request your permission to access your child's immunization records from his/her physician and/or the Wyoming Immunization Registry by signing

Sign Here Below Parent/Guardian Signature: _____ Date: _____

FIELD TRIP PERMISSION:

Sign Here I give permission for my child to attend in-district functions. Please circle **YES NO** (Initial) _____

EMERGENCY INFORMATION

In an **EMERGENCY** situation when we cannot reach you at home or at work, please list two people who have agreed to take responsibility for your child and consented to the release of their address and phone numbers so we may reach them as an alternative.

Currently on record we show the following: (Please indicate any necessary changes):

Emergency Contact #1: _____ Phone: _____ Relationship to Child: _____

Emergency Contact #2: _____ Phone: _____ Relationship to Child: _____

If deemed necessary your child will be sent to your family doctor or emergency room at parental/guardian's expense.

As a parent/guardian, I authorize medical personnel to render necessary medical treatment to my child.

I give consent to release this information to Laramie County School District No. 2 personnel to promote the health and safety of my child, thus enhancing his/her ability to learn.

Sign Here Parent/guardian signature: _____ Dated: _____

The above signatures acknowledge that I have read and consent to the above.

EMERGENCY SCHOOL CLOSURE PLAN

If school is dismissed early should: *(Please mark below.)*

Ride the bus home _____ Ride the bus to Day Care _____ Walk home _____ Drive self home _____

Ride the bus (if other than home or day care) to: _____

Will be picked up by: _____

Other Plan: _____

Laramie County School District 2 has an automated messaging system that will notify parents of school closures and emergencies.

Sign Here Parent/guardian signature: _____ Dated: _____

The Wyoming Department of Education has allocated funding to our school for children of migrant workers. We ask that you help us by answering the following questions. Please mark with an X if any or all of these apply:

1. ____ Did you move in the last 36 months?
2. ____ Did you cross state or school district boundaries?
3. ____ Did you move for the purpose of seeking agricultural work?
4. ____ Was the work an important part of providing a living for you and your family?

Date Entered USA (if applicable) _____

Home Language Survey
Pine Bluffs Jr/Sr High School

As prescribed by Title VI of the Civil Right Act of 1964 Laramie County School District Number Two is required to conduct the following survey on all currently enrolled students.

Student's Name: _____

- 1. The language spoken by your child.
2. The language(s) spoken in the home.
3. The language(s) spoken or understood by your child.
4. In what language would you prefer to get correspondence from the school?
English
Spanish
Another language or method (Braille, Sign, etc.):

Thank you for your response to this survey.

No Child Left Behind Required Information

Title VII of the McKinney-Vento Act (Title X, Part C) of the NCLB requires reporting all students residence type. Please mark the type that best describes your dwelling.

- Single Family Dwelling
Emergency or Transitional Shelter What Where
Doubled-up (sharing housing of other persons due to loss of housing, economic hardship, or similar)
Unsheltered (e.g. cars, parks, campgrounds, public places, etc.) due to lack of adequate accomodations
Hotels/Motels
Other Please Specify

Emergency Notification System (School Messenger)

To help improve communication and safety for our students, we have contracted with School Messenger to offer an automated phone messenger system. This system gives us the opportunity to notify you within minutes of emergency information, such as school closure. We use it for a variety of reasons, for example we can notify parents of activity schedule changes as well as changes in activity departure and arrival times. Any pertinent information can be broadcast to parents.

We are allowed to attach three phone numbers to each student as well as 1-3 email addresses. We will use your home phone as listed below as one phone number. If you would like additional numbers to use for your student's account, please list below. We have also listed the email addresses that we have on file for you. If you have any changes or additions, please also list them. (All phone numbers must include area code)

- 1. (home phone)
2.
3.

Email accounts:

- 1. 2.

If you have any questions, do not hesitate to contact us.

Sincerely,
Todd Sweeter, Principal
Pine Bluffs Jr/Sr High School
307.245.4000

***New State and Federal Race and Ethnicity Re-identification for all Staff and Students**

We are required by law starting with the 2009-2010 school year to collect data by race/ethnicity. We must report this information to the state. The state does not report the individual data to the federal government but does report the total number of staff and students in various categories in each school.

The federal government changed the reporting categories to separate race and ethnicity. All staff and students must answer two questions, one regarding race, the other ethnicity. You may now identify yourself by ethnicity (either Hispanic/Latino or not Hispanic/Latino) AND by one or more racial groups (American Indian/Alaska Native, Asian, Black/African-American, Native Hawaiian/Other Pacific Islander, White).

To comply with the federal reporting categories please answer both questions.

You will notice if you answer yes to Hispanic/Latino in question #1 you must select a race that will most closely identify you with the 5 choices. If you select no to #1 you must select at least 1 of the races but multiples will be accepted.

1. Are you Hispanic/Latino? (Ethnicity)

Yes No

2. Please select one or more of the following Races

American Indian/Alaskan Native

Asian*

Black or African American

Native Hawaiian or Other Pacific Islander*

White

* Asian and Pacific Islander are now two separate reporting categories

Ethnicity: Relates to cultural factors such as nationality, culture, ancestry and beliefs.

Additional Resources Available:

Federal Guidance

<http://www.ed.gov/policy/rschstat/guid/raceethnicity/index.html>

Managing an Identity Crisis Document, National Forum on Education Statistics

<http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2008802>

FOR GRADES 9-12 ONLY

No Child Left Behind of 2001 states that schools must comply with a request by a military recruiter or an institute of higher education for secondary students' names, addresses and phone numbers, unless the parent denies this request in writing. Non-compliance from the school will result in loss of federal funds.

This information will be released upon request unless you sign denial of release below. **Signature indicates we DO NOT have permission** to release your child's name and address to the military or any institute of higher learning.

DENIAL OF RELEASE:

Date

Parent/Guardian Signature