**Shepherd of the Hills Student Information Form**

**Student Information**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name (Last, First, Middle)** | | | | | | | | | |
|  | | | | | | | | | |
| **Street Address/PO Box** | | | | | **Grade** | **Gender** | | **Date of Birth** | **Ethnicity/Race** |
|  | | | | |  |  | |  |  |
| **City/Zip Code** | | | | | | | **Best Contact Telephone Number** | | |
|  | | | | | | |  | | |
| **Please check yes or no to the statements below.** | | | | | | | Home  Dad Cell  Mom Cell | | |
| **YES** |  | **NO** |  | **Student needs to take prescription medication during the school day.** | | | | | |
| **YES** |  | **NO** |  | **Allergy Action Plan:** | | | | | |
| **YES** |  | **NO** |  | **Health Care Accommodation Plan:** | | | | | |
| **YES** |  | **NO** |  | **Student wears glasses or contact lenses.** | | | | | |
| **YES** |  | **NO** |  | **Student wears a retainer, braces, or other dental appliance.** | | | | | |
| **YES** |  | **NO** |  | **All vaccinations and immunizations for the student are current.** | | | | | |

**Release of Information - Photography & Video Consent**

***Please check yes or no to the statements below.***

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  | **NO** |  |

I hereby consent that any still or electronic image and/or audio recording, in which I or my child may appear, may be used by Shepherd of the Hills Catholic Parish and/or by the Archdiocese of Milwaukee. I understand that these materials are being used for promotion of Shepherd of the Hills Catholic School and/or the Archdiocese of Milwaukee. The images and/or recordings may be used to support recruitment, fundraising, evangelization, and other communication efforts. I release the staff and volunteers and I understand and agree that the use of my picture or my child’s picture is not an invasion of privacy. Neither I, nor anyone claiming to be speaking on my behalf, will later object to the Archdiocese’s use of this/these photographs.

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  | **NO** |  |

Social Media: Shepherd of the Hills has permission to tag me in photos and posts on social media including but not limited to Facebook, Instagram, and Twitter. Tagging pictures, posts, etc. with the names of minors is not permitted.

**Parent/Guardian Information**

|  |  |  |
| --- | --- | --- |
| **Father/Guardian (First & Last Name)** | **Home Phone** |  |
|  | **Cell Phone** |  |
| **Address/City/Zip Code** | **Work Phone** |  |
|  | **Email Address** | |
|  |  | |
| **Employer** | **Occupation** | |
|  |  | |

|  |  |  |
| --- | --- | --- |
| **Mother/Guardian (First/Last Name/Maiden Name)** | **Home Phone** |  |
|  | **Cell Phone** |  |
| **Address/City/Zip Code** | **Work Phone** |  |
|  | **Email Address** | |
|  |  | |
| **Employer** | **Occupation** | |
|  |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Marital Status of Parents** | Married | Separated | Divorced | Other |
| **Student Lives With** | Father Only | Mother Only | Parents Have Joint Custody | |
| **Days student is with the Father** | |  | | |
| **Days student is with the Mother** | |  | | |
| ***If anything other than ‘married’ has been selected, please complete a Confidential Family/Student Information Form and submit a copy of the court decree for student records.*** | | | | |

**Emergency Contact Information**

***Persons authorized to care for students and act in an emergency when parents cannot be reached.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relationship to Student** | **Telephone Number** | **Alternate Telephone** |
|  |  |  |  |
| **Name** | **Relationship to Student** | **Telephone Number** | **Alternate Telephone** |
|  |  |  |  |
| **Name** | **Relationship to Student** | **Telephone Number** | **Alternate Telephone** |
|  |  |  |  |

**Medical Contact Information**

|  |  |  |
| --- | --- | --- |
| **Physician** | **Clinic** | **Telephone Number** |
|  |  |  |
| **Allergist** | **Clinic** | **Telephone Number** |
|  |  |  |
| **Dentist** | **Clinic** | **Telephone Number** |
|  |  |  |
| **Orthodontist** | **Clinic** | **Telephone Number** |
|  |  |  |
| **Optician** | **Clinic** | **Telephone Number** |
|  |  |  |
| **Hospital of Preference** | | **Telephone Number** |
|  | |  |

**Authorized Pick Up List**

**For the safety of our students, we will not allow a student to leave the school grounds with someone unless you authorize them to do so.** The following persons are authorized to pick up my student(s) from Shepherd of the Hills. Additional names may be added to the list (at any time) by contacting the school office at 920-477-3551.

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship to Student** | **Contact Number** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **Parent/Guardian Signature** |  |
| **Date** |  |