

Lu Verne Community School District
Parent Contact Information
2020/2021 School Year

Please list all children attending Lu Verne Preschool/Elementary

Student Name	Grade	Birthdate
*		
*		
*		
*		

Is there a Court Order Regarding Custody of Child/Children?

Yes _____

No _____

If YES please provide a copy of Court Order to the School to place in the child's Cumulative File.

PRIMARY CONTACT INFORMATION - (Adults living with child)

Parent Name (s) _____

Address _____

City/Zip _____

Resident County _____

Home Email _____

Work Email _____

Additional Email _____

Primary Phone # _____

Father Cell _____

Mother Cell _____

Father Work Place/Phone _____

Mother Work Place/Phone _____

SECONDARY CONTACT INFORMATION (Parents with joint custody or not living with the child)

Parent/Step Parent Name (s) _____

(All Adults in the household)

Address _____

City/Zip _____

Resident County _____

Home Email _____

Work Email _____

Additional Email _____

Primary Phone # _____

Father Cell _____

Mother Cell _____

Father Work Place/Phone _____

Mother Work Place/Phone _____

EMERGENCY CONTACTS

If parent/guardian cannot be contacted in an emergency, please list who the school can call. If you child is sick at school and needs to go home and parent/guardian cannot be reached please list someone who the school can call to have your child/children picked up.

Emergency Contact Name _____

Emergency Contact Phone Number and Address _____

Relationship to the Child _____

If Child is sick and we cannot be reached please call

Name _____ Phone _____

NO PICK UP

The below person or person (s) should NEVER be allowed to pick up student

Name: _____

Relationship to the Student: _____

Address: _____

Phone: _____

FIELD TRIP PERMISSION

My student (s) has/have permission to go on all school sponsored field trips.

YES _____

NO _____

MEDIA PERMISSION

My student (s) has/have permission to be included in live broadcasts, video/audio taping, or photos for public release including newspapers, yearbooks, school website, school Facebook page and CWL elementary class dojo page.

YES _____

NO _____

INTERNET USAGE

Your child has access to the internet. The vast domain of information contained within the Internet’s libraries can provide unlimited opportunities to students. Students will be expected to abide by the rules that have been adopted by the Lu Verne Community School Board. The entire Internet Access and Internet Safety Policy can be reviewed at the Lu Verne Community School District, Board Policy 605.6E1

My student (s) has/have permission to access the internet and will be expected to abide by the rules set forth by the Lu Verne Community Schools.

YES _____

NO _____

TYPE OF INTERNET ACCESS YOU HAVE AT HOME

The following data is being collected to help us “IF” we have another long term school closure. What type of internet access do you have at home?

____ Internet from a provide to the house

____ Internet on phone – limited data plan

____ Internet on phone – unlimited data plan

ALLERGIES

Do your child/children have allergies?

YES _____

NO _____

If yes please list what your child/children are allergic to and please provide documentation from PHYSICIAN to put in child's Cumulative File for our records. If this is an allergy that is food related and your child has special dietary needs, please provide documentation from a Physician so we can make the necessary modifications. (Please ask for special dietary form to take to your Physician)

MEDICATION

Do your child/children take any daily medication?

YES _____

NO _____

If yes, please list the medication (s) and rather the medication will be needed to be given at school.

NON ASPIRIN TABLETS

I give permission for the Lu Verne Community School to administer a non-aspirin tablet

YES _____

NO _____

If yes please list child's name and dosage

_____ Children's Chewable _____ Regular Strength _____ Extra Strength _____

_____ Children's Chewable _____ Regular Strength _____ Extra Strength _____

_____ Children's Chewable _____ Regular Strength _____ Extra Strength _____

ANTACID

I give permission for the school to administer an antacid tablet if needed.

YES _____

NO _____

FACE COVERING

If your child needs a face covering for a fever or personal illness, do you give the school permission to give the student a mask to put on?

YES _____

NO _____

PHYSICIAN AND DENTIST

In case your child needs medical attention and needs a doctor or dentist immediately, will you grant us permission to do so if we are unable to contact you?

YES _____

NO _____

Please designate your family physician and your family dentist below and list their name, town and phone number.

INSURANCE

Would you like information about Health Insurance (Hawk-I) for your child/children

YES _____

NO _____

BUS

My Child will need to ride the bus

YES _____

NO _____

SOMETIMES _____

EARLY OUT WEDNESDAYS

On early out Wednesday's (1:45 p.m. for PD), I give my child/children permission to ride the bus and be dropped off to attend the library program in the town in which my child/children live?

YES _____ Corwith _____ Wesley _____ Lu Verne

NO _____

If you answered yes to the previous question are you giving permission for the entire school year unless you call or send a note letting us know differently?

YES _____

NO _____

VOLUNTEERS

Lu Verne CSD is looking for volunteers to work with our students and/ or volunteers who would like to potentially help on our class field trips /parties. The district requires that volunteers must undergo a background check (for the safety of our students). We are looking to do this once per year so if you are interested in volunteering we ask you contact the Lu Verne Elementary office so we can get the forms out to you no later than September 15th of each year.

Are you interested in volunteering?

YES _____

NO _____

MAYBE _____

ANYTHING ELSE?

Is there anything else you would like to tell us about your child/children that you feel the school should know? *Please bring this completed form in when you come in to register.*