

Custody Alert(court papers on file)
Medical Alert

SID# _____ RM# _____
SSID# _____
Bus Stop _____
FOR FFICE USE ONLY

STUDENT EMERGENCY CARD

Student Information

Student Name: _____ Sex: _____ Grade: _____ Birthdate: _____
(Last) (First)
Address: _____
(Street) (City) (Zipcode)

Parent/Guardian Information

Parent/Guardian 1

Parent/Guardian 2

Name: _____ Name: _____
Address: _____ Address: _____
Home Phone: _____ Home Phone: _____
Cell Phone: _____ Cell Phone: _____
Work Phone: _____ Work Phone: _____
E-mail Address: _____ E-mail Address: _____
Student lives with: _____

Emergency Contacts

If the child listed above becomes ill, requires medical attention, or must be evacuated due to emergency and I cannot be reached, the school has my permission to contact and release my child to one of the following. **Must show valid photo ID**

1. Name: _____ Relationship: _____ Phone: _____
2. Name: _____ Relationship: _____ Phone: _____
3. Name: _____ Relationship: _____ Phone: _____
4. Name: _____ Relationship: _____ Phone: _____

Sibling Information

Name	School	Grade
1. _____		
2. _____		
3. _____		
4. _____		

Medical Information

Has your child received Special Ed Services ___ Yes ___ No
If yes, what kind of services: _____
Has your child been on a 504 ___ Yes ___ No
Does your child have any physical disabilities ___ Yes ___ No
If yes explain: _____
Any Social or Behavioral problems ___ Yes ___ No
If yes explain: _____

Is your child generally in good health ___ Yes ___ No
If no, explain: _____
Does your child have a severe allergy ___ Yes ___ No
If yes, what is child allergic to: _____
What is the treatment: _____
Any other medical issues: _____
Does your child take medication at school ___ Yes ___ No

Parent/Guardian Signature: _____ Date: _____

CALIFORNIA LAW STATES THAT EACH STUDENT MUST HAVE AN EMERGENCY CARD ON FILE.



ELK HILLS SCHOOL DISTRICT

501 Kern Street, P.O. Box 129

Tupman, CA 93276

Phone: 661.765.7431 Fax: 661.765.4583

www.elkhills.k12.ca.us

*"Where Kids
Come First!"*

Interdistrict Attendance Agreement Request

Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

Address _____ Zip Code _____ Phone _____

Who lives in the _____ School District to go to

_____ School in the _____ School District.

The reason for the request is as follows: _____

If the reason given is child care, please fill in the following:

Babysitter name _____ Phone _____

Address _____ Zip Code _____

If the reason given is parent employment, please fill in the following:

Father _____ Name of Business _____ Work Hrs/Days _____

Business Address _____ Phone _____

Mother _____ Name of Business _____ Work Hrs/Days _____

Business Address _____ Phone _____

I declare under penalty of perjury that the above information is accurate to the best of my knowledge. I further acknowledge that attendance un a non-resident district is a privilege and not a right. I acknowledge that the district granting this request shall have the right to revoke and end this agreement if (1) the district of attendance makes a reasonable determination that the continuing presence of the student would interfere with the needs of the district, the best interests of the student, or both; and (2) the district of attendance gives (5) school days notice prior to the revocation of this agreement. I understand that I have a right to appeal any decision regarding this request to either the school board or, if denied, to the county board of education pursuant to Education Code Section 46601.

Signed _____ Date _____

Relationship to student(s) _____

For District Use Only

Request denied by _____ Date _____

Request granted by the governing boards of the school districts above subject to the following terms:

a. Parents provide own transportation ___yes___no

b. District of attendance to receive the average daily attendance for apportionment purposes.

District of Residence _____ District of Attendance _____

Date Approved _____ Date Approved _____

By _____ By _____