Milan Area Schools Student Information Record

STUDENT INFORMATION

Student Name:Last Name		First	Middle
Street Address		City	Zip County
Grade Level:	Birth Date: Mo/Day/Year	Place of Birth:	City/State
Gender ☐ Male ☐ Female	School of Choice Yes No	Does the student currently *If yes, please provide a co	r have an active IEP? Yes ☐ No ppy when registering
-	peen expelled from a previous d rolled in Milan Area Schools?	listrict? Yes No No Yes No No	
· ·	eport the ethnicity of students.		
1 American Indian / Na 4 Natural Hawaiian / Ot	y ethnic code Second tive American 2 Asia ther Pacific Islander 5 Whi	an American	3 Black / African American
Birth Mother	DIAL INI ORMATION	Birth Father	
Name		Name	
Email Address		Email Address	
Place of Employment		Place of Employment _	
	Home phone		Home phone
	Work phone		Work phone
	Cell phone	<u> </u>	Cell phone
Please i	ndicate your primary phono	e number by checking the l	oox alongside
Parent/Other person liv			
Name		Cell Phone	Work phone

Health Concerns:

	Allergy to: Bee/Wasp, Eggs, Tree Nuts, Wheat, Other (ple			Milk, Peanuts, Soy, an epi pen and/or Benadryl			
	Arthritis	, , , , , , , , , , , ,					
	AsthmaUses an inha	ler at school,					
	Cancer or history of cancer						
	Cardiac (please specify below	•					
	Crohn's disease Diabetic – Type 1						
	Diabetic – Type II						
	Epileptic/Seizures Hearing Impaired Hemophiliac						
Hypoglycemic Kidney Disease							
							Migraine
	No Blood Transfusions						
Organ Transplant (please specify below) Seizures							
	Vision Impaired						
Explai	nation						
Doctor Name		Phone No	umber	Hospital			
Eme	rgency Contacts (other t	han parent):					
 Name	· · · · · · · · · · · · · · · · · · ·	F	Phone Number	Relationship to student			
Name		F	Phone Number	Relationship to student			
Name			Phone Number	Relationship to student			
author		cian indicated above	and to follow his/her in	he school is unable to reach me, I hereby structions. If it is impossible to contact the ing of my child.			
Parent or Guardian Signature				Date/			