

**2010-2011  
STUDENT PROFILE  
Pekin Community School District**

Student's Name: \_\_\_\_\_ Social Security# \_\_\_\_\_ Grade \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Birth Place: \_\_\_\_\_ Gender: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
Father: \_\_\_\_\_ Workplace: \_\_\_\_\_ Father's Day Phone: \_\_\_\_\_  
Father's Cell Phone: \_\_\_\_\_  
Mother: \_\_\_\_\_ Workplace: \_\_\_\_\_ Mother's Day Phone: \_\_\_\_\_  
Mother's Cell Phone: \_\_\_\_\_  
Step Parent: \_\_\_\_\_ Workplace: \_\_\_\_\_ Step's Day Phone: \_\_\_\_\_  
Step's Cell Phone: \_\_\_\_\_  
With whom does the child reside? \_\_\_\_\_ Who has custody? \_\_\_\_\_ County: \_\_\_\_\_

**STUDENT HEALTH HISTORY**

Doctor: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_  
Hospital: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_  
**List your child's allergies: foods \_\_\_\_\_ nuts \_\_\_\_\_ meds \_\_\_\_\_ etc. \_\_\_\_\_**

Does your child have visual or hearing problems? Corrective lenses \_\_\_\_\_ Hearing aids \_\_\_\_\_  
Does your child require medication at school? \_\_\_\_\_ Home? \_\_\_\_\_

Is there a second parent or legal guardian who would like to receive school mailings? If so, please list:  
Name: \_\_\_\_\_ Mailing address: \_\_\_\_\_

**The following information must be updated annually.**  
**\*\*A legal document stating guardianship may need to be provided to the school\*\*\*\***  
**Is there someone who should NOT pick up your child at school?**

New Student Information

Student's previous school attended: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Grade: \_\_\_\_\_

**INSURANCE INFORMATION**

Insurance Co. covering my child: \_\_\_\_\_ Policy#: \_\_\_\_\_  
Name of Policyholder: \_\_\_\_\_ Policyholder SSN: \_\_\_\_\_

*Pekin Community School District does not provide insurance for students, but you may purchase accidental insurance through the school. Forms are available at the school office.*

Does your child require special services? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

## STUDENT PROFILE

(page 2)

### 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.

Emergency Contact #1 \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to child: \_\_\_\_\_

**If deemed necessary your child will be sent to your family doctor or ER at parental/guardian 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 Pekin Community School District personnel to promote the health and safety of my child, thus enhancing his/her ability to learn.

\_\_\_\_\_ I give permission for my son/daughter to go on field trips that are scheduled as a school activity.

\_\_\_\_\_ I give permission for my son/daughter's name and picture to be published on the school website or local newspapers.

Parent/Gaurdian: \_\_\_\_\_ Date: \_\_\_\_\_

**The above signature acknowledges that I have read and consent to the above.**

The 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 and X if any of these apply:

1. \_\_\_ Did you move in the last 36 months?
2. \_\_\_ Did you move for the purpose of seeking agricultural work?
3. \_\_\_ Did you cross state or school district boundaries?

1. Is this student Hispanic/Latino? (Choose only 1)

\_\_\_ No, not Hispanic/Latino

\_\_\_ Yes, Hispanic/Latino(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

2. What is the student's race? (Choose one or more)

\_\_\_ American Indian or Alaska Native(A person having origins in any of the original peoples of North and South America(including Central America), and who maintains tribal affiliation or community attachment.)

\_\_\_ Asian(A person having origins in any of the original peoples of the Far Asian(A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

\_\_\_ Black or African American(A person having origins in any of the black racial groups of Africa.)

\_\_\_ Native Hawaiian or other Pacific Islander(A person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands.)

\_\_\_ White(A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)