

Student's Name: _____ Date: _____
Last First Middle Int.

In the event, your child experiences illness or injury during school, we will need to contact you or a person you designate to care for your child. Please provide us with a minimum of two contacts, other than yourself, who are willing and able to do this for you. It is especially important that we have a contact who is close to school (due to weather conditions) and flexible enough to help with emergencies.

1st Emergency Contact: _____ Phone: _____ Relationship: _____

Home Address: _____ Wk/Cell Phone: _____

2nd Emergency Contact: _____ Phone: _____ Relationship: _____

Home Address: _____ Wk/Cell Phone: _____

3rd Emergency Contact: _____ Phone: _____ Relationship: _____

Home Address: _____ Wk/Cell Phone: _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Hospital: _____

In order to obtain medical attention necessary to assure proper care for your child in case of an accident or illness, the following statement needs to be signed:

I, the undersigned, do hereby authorize officials of Lake George Charter School in Park County School District Re-2 to contact directly the persons named on this form and do authorize the named physician to render such treatment as may be deemed necessary in an emergency, for the health of said student. In the event physician, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgement, for the health of afore said child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Signature of Parent or Guardian: _____ Date: _____

Please Note: It is the responsibility of the parent or guardian to provide the school with any changes in phone numbers or emergency contacts. We cannot allow children to be taken from school by anyone other than a parent or guardian without written consent from the parent or guardian.

***** Sick children CANNOT remain at school under any condition. *****
***** Children who have been absent from school should not attend after school activities. *****

Please list all siblings of the enrollee. Please give complete names and birth dates.

Full Name

Date of Birth

EDUCATIONAL HISTORY:

Entered a Park County School: _____
Date

Last School Attended: _____
(If not in Park County Re-2)

Has student attended other schools in the past year? _____ Yes _____ No

Where: _____

(Please **check** those that apply to your child)

_____ Attended preschool? Full Year _____ Partial Year _____

_____ Attended kindergarten? Full Year _____ Partial Year _____

_____ Missed more than ten days in a school year?

_____ Retained a grade? If so, what grade? _____

_____ Skipped a grade? If so, what grade? _____

_____ Has your child been home schooled in the past? _____ Yes _____ No

For what grades? _____

_____ Difficulty with reading?

_____ Difficulty with math?

_____ Difficulty with writing?

_____ Intense interest in a particular subject? If so, what subject _____

_____ Dislikes going to school?

_____ Do you have any concerns about your child's social skills? _____ Yes _____ No

_____ Tested for Special Education in the past? If so, when? _____

_____ Has student received special services? (i.e. special ed., title 1.)

Special Ed. _____ Yes _____ No

Title 1 _____ Yes _____ No

_____ Has a 504 plan been considered?

_____ Has a 504 plan been written?

Is the student currently expelled from another district/school? _____ Yes _____ No

*Please note a student cannot be enrolled if he/she is currently expelled from another school district.