

North Iowa Preschool Student Info

Date:	Please complete all appropriate information.		
Full Legal Name	Gender	Birthdate	
	M <input type="checkbox"/> F <input type="checkbox"/>		<input type="checkbox"/> 3-year old by Sept. 15, 1017 <input type="checkbox"/> 4-Yer old by Sept. 15, 2017

Primary Household Information:

Address	County: <input type="checkbox"/> Winnebago - 95
City, State, Zip	<input type="checkbox"/> Kossuth - 55
Home Phone	<input type="checkbox"/> Hancock - 41

Primary Household: *Parent(s) or guardians that live in the home with the student*

Name:	Relationship	Email	Cell Phone	Employer

Second Household: *Parent(s) or guardians not living with student (Please choose one)* Joint Custody Non-Custodial

Name:	Relationship	Email	Cell Phone	Employer
Address:		City:	State:	Zip:

Local Emergency Contacts: *Other than parent(s) or guardians*

Name:	Relationship	Address/City	Home Phone	Cell Phone

Storm Housing: *In Buffalo Center* If students cannot make it home due to weather. If you do not know someone in Buffalo Center, a church will be assigned.

Name:	Relationship	Address (in Buffalo Center)	Phone

No Pick up: The below person(s) should NEVER be allowed to pick up student. You must provide legal document for school.

Name:	Relationship	Address/City/Zip	Phone

Permissions & Insurance: You have my permission for all students listed above for the following:

Y <input type="checkbox"/> N <input type="checkbox"/> Student Directory	<u>Phone number to publish</u>
Y <input type="checkbox"/> N <input type="checkbox"/> Field Trip	Y <input type="checkbox"/> N <input type="checkbox"/> May have 2 nd meal milk (all grades) or 2 nd entrée (MS/HS only) Must have available balance to purchase.
Y <input type="checkbox"/> N <input type="checkbox"/> Media Release	Y <input type="checkbox"/> N <input type="checkbox"/> I want information on health insurance for my children. (HAWK-I)

Bus Policy — I have read the contents of the North Iowa Community School District's School Bus Policy. My signature does not mean I agree with the policy, but simply means I am aware of the policy and the fact there are consequences for unacceptable behavior.

Transferring Students - Did your child receive Special Education Services? Yes No (IEP or 504 Plan)

Name, Address & Phone Number of Previous School	
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Parent/Guardian Signature

Date