

RETURN THIS FORM TO ROOM 029

BLUE DATA COLLECTION FORM

OSIS #

OSIS # grid

S1

Student's LAST Name and Student's FIRST Name grid

Student's LAST Name

Student's FIRST Name

Home Phone# ( ) Student's Cell#( ) \*\*Student's Cell Company Sex M/F Date of Birth

\*Parent #1 LAST Name (Student Resides with) and Parent #1 FIRST Name grid

\*Parent #1 LAST Name (Student Resides with)

Parent #1 FIRST Name

Parent #1 Preferred Language: Written Oral Cell#( ) \*\*Cell Company Relationship

Parent #1 e-mail grid

Parent #1 e-mail

Parent #1 Address Apt# Boro ZIP

\*Parent #1 Home Tel# ( ) \* Work Tel# ( )

\*Please note that Parent # 1 telephone numbers are the only numbers which will be called by our automated phone system.

\*\* In the event of a serious emergency Mass Emergency Messages will be sent via text messaging. The name of your Cell Phone Carrier is necessary if you would like to receive emergency messages via text messaging. Charges may be incurred based on you cell carrier's service agreement. If you do not want to be notified using text messaging, you may leave Cell Phone Carrier blank.

Parent #2 LAST Name and Parent #2 First Name grid

Parent #2 LAST Name

Parent #2 First Name

Parent #2 Preferred Language: Written Oral Cell#( ) \*\*Cell Company Relationship

Parent #2 e-mail grid

Parent #2 e-mail

Parent #2 Address Apt# Boro ZIP

Parent #2 Home Tel# ( ) Parent #2 Work Tel# ( )

Please list below the names of three (3) persons who may be called in case of emergency or if your child is sick in school.

CHILD WILL BE RELEASED ONLY TO PERSONS NAMED BELOW

Name Tel# ( ) Relationship

Name Tel# ( ) Relationship

Name Tel# ( ) Relationship

If there is a person who MAY NOT HAVE ACCESS to your child, please indicate:

Name Relationship Order of Protection Exists? Yes No

I will inform the principal or his/her designee if any of the information on this form changes. Signature of Parent / Guardian

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LAST NAME

FIRST NAME

S2

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OSIS

# **HEALTH INFORMATION**

Name of Physician/Clinic: \_\_\_\_\_ Tel # ( ) \_\_\_\_\_

**HEALTH ALERT**

Does your child have any health condition that may affect participation in physical activities? Yes\_\_\_ No\_\_\_

Limitations \_\_\_\_\_ (e.g. stair climbing, participation in gym, etc.)

Allergies \_\_\_\_\_

**504 services for the current year?** Yes\_\_\_ No\_\_\_ Previous year? Yes\_\_\_ No\_\_\_ My Child has (X any that apply) Private health insurance \_\_\_\_\_ Medicaid \_\_\_\_\_ No health insurance \_\_\_\_\_

If "No Health Insurance" are you willing to share contact information from this card to learn about insurance options? Yes\_\_\_ No\_\_\_

If none of the named contacts can be reached, what do you wish the school to do if your child is sick or injured? \_\_\_\_\_

It is understood that in the final disposition of an emergency case, the judgment of school authorities will prevail. The recommendation of the parent as indicated above will be respected as far as possible.

**DATA PERMISSIONS**

	Y E S	N O	<u>Description of Permission Given</u>
2			I give permission to allow my child to design and publish web pages on the Department of Education Facilities, World Wide Web and/or the Bronx H.S. of Science's website.
3			I want to receive attendance, lateness, grade and school events information by e-mail.
4			I give permission for a photographic or video image of my child, an audio recording, poetry, art work or other work produced in conjunction with awards, athletic activities or other school activities, to be published, broadcast or placed on the Department of Education and the Bronx High School of Science's website, or used for publicity, for news, or promotion of the Bronx High School of Science.
6			I give permission to the Bronx High School of Science to give my names, addresses, phone number and e-mail address to the Parents' Association of the Bronx High School of Science solely for the purpose of allowing me to receive communications from the Parents' Association.
7			I give permission to the Bronx High School of Science to give my telephone number to my child's Big Sib so that his/her Big Sib can contact my child.
8			In the event of an emergency, I would like to receive messages by text messaging (if possible.)

To my knowledge the information provided on this form is true and valid. I have read and will follow the rules, regulations and the Computer and Internet Acceptable Usage policy of the Department of Education and of the Bronx High School of Science.

Student Signature \_\_\_\_\_

Parent/Guardian #1 Signature \_\_\_\_\_

Parent/Guardian #2 Signature \_\_\_\_\_