

Abbotts Hill Elementary 2021-2022 Student Information Card

Student's Last Name: _____ Student's First Name: _____ Teacher: _____
Date of Birth: m/d/yy _____ Sex: Male _____ Female _____ Preferred Name: _____
Street Address: _____ City: _____ State: GA Zip Code: _____
Home Phone: _____ Subdivision/Complex: _____ Bus # or Daycare Name: _____

Parent 1 Information

Parent 1 Last Name: _____ Parent 1 First Name: _____ Best Contact Number: _____

Address (if different than student): _____

Parent 2 Information

Parent 2 Last Name: _____ Parent 2 First Name: _____ Best Contact Number: _____

Address (if different than student): _____

Student Resides With: Mother _____ Father _____ Stepfather _____ Stepmother _____ Legal Guardian _____

List any Siblings at Abbotts Hill: _____

Emergency Contact/Pick Up Information (Please Read Carefully)

EMERGENCY CONTACTS: Please list individuals to whom your child may be released (other than yourself/spouse) in the order you wish them to be called. The school will contact the parent(s) listed above first. Please verify with persons listed below that they may be called in the event of a the child's illness or emergency in the event that we cannot contact the parents listed above.

Emergency Contact #1 (will be called first):

Last Name: _____

First Name: _____

Relationship to Student: _____

Best Contact Number: _____

Emergency Contact #2 (will be called second):

Last Name: _____

First Name: _____

Relationship to Student: _____

Best Contact Number: _____

None	Allergies - Seasonal	Heart Problems
Asthma	Allergies - Food	Nose Bleeds
Cystic Fibrosis	Allergies - Medication	Diabetes
Seizure Disorder	Sickle Cell	Other

If you checked any boxes, other than None, please provide additional information below and contact the school nurse.

Daily Medication: If it is necessary for your student to take medications at school, the form Authorization to Give Medication Form (available on Fulton County Website) must be completed and submitted to the clinic. Parents should bring the medication and the form to the school clinic.*

Student Physician's Name: _____ Physician's Phone: _____

I give permission for my child to have bug bites/rashes to be treated with cortisone cream (initial to give permission)

I give permission for my child to have cuts/scrapes treated with triple antibiotic ointment (initial to give permission)

Parent Signature Below: _____ Parents Email Address: _____ Date: _____

Last, First

Grade

Teacher

1. **PUBLICITY RELEASE INFO** - See FERPA Section of Student Code of Conduct.
2. **YEARBOOK RELEASE INFO**- See FERPA Section of Student Code of Conduct.
**** As stated in the FERPA Section of the Code of Conduct, if you choose to opt out for either Publicity or Yearbook Releases, written notification must be provided to a school administrator****
3. **STUDENT HANDBOOK ACKNOWLEDGEMENT**

Yes, I have visited the AHES website and read the student handbook.

No, I have not read the student handbook on-line. I would like a printed copy.

4. **CONSENT FOR HEARING AND VISION SCREENING** - During the school year, we may need to have your child's vision and/or hearing tested if any updated screening is not on file. The hearing and vision screening will only take place if necessary. You have the right to view the completed screening results.

Yes, I give permission for my student to participate in the hearing and vision screening.

No, I do not give permission for my student to participate in the hearing and vision screening.

Early Dismissal Due to Inclement Weather

If an unexpected early dismissal (prior to 2:20) is needed due to inclement weather. I request Abbotts Hill staff to do the following. Please have an Inclement Weather Early Dismissal Plan in place each of your student(s). Please select an option below.

Allow my child to stay at school until picked up by a parent/guardian ONLY.

My child may ride the school bus home.

My child will be picked up by their daycare, either on or off campus. I will verify that they are open and notify the school.

Allow my child to stay at school until picked up by a parent/legal guardian or by an individual listed below:

Last Name:	First Name:	Best Contact Number:	Relationship to Student:
Last Name:	First Name:	Best Contact Number:	Relationship to Student:

**IN CASE OF EVACUATION DUE TO FIRE, EXPLOSION OR BOMB: Students will be evacuated to:
 Lake Windward Elementary School
 11770 E. Fox Court
 Johns Creek, GA 30005**

Only a parent/guardian may pick up my child from the evacuation site. Parent/guardian will be contacted first.

If a parent/guardian cannot be reached the following individuals may be contacted or may pick up my child from the evacuation site.

Last Name:	First Name:	Best Contact Number:	Relationship to Student:
Last Name:	First Name:	Best Contact Number:	Relationship to Student:

Acknowledgment: Parents please enter the requested information below that you have accessed and read the policies (where applicable) and give all permissions as stated above.

Parent/Guardian Name

Email Address

Date