

CANTON INTERMEDIATE SCHOOL
ANNUAL Student Information 2009-2010: *Please Complete Both Sides and return to CIS Office*

Student Name: _____ **Grade:** _____
(Last) (First) (Middle)

Student Address: _____ **DOB :** _____

Home Phone: _____ **Sex:** _____

PLEASE FILL IN ALL APPLICABLE INFORMATION BELOW

*(Check off the person with whom the student primarily resides)**

___ **Mother** **Name:** _____ **Cell Phone:** _____ **E-mail:** _____

Home Phone: () _____ **Address:** _____

Work Phone: () _____ **Place of Employment:** _____

___ **Father** **Name:** _____ **Cell Phone:** _____ **E-mail:** _____

Home Phone: () _____ **Address:** _____

Work Phone: () _____ **Place of Employment:** _____

___ **Stepmother** **Name:** _____ **Cell Phone:** _____ **E-mail:** _____

Home Phone: () _____ **Address:** _____

Work Phone: () _____ **Place of Employment:** _____

___ **Stepfather** **Name:** _____ **Cell Phone:** _____ **E-mail:** _____

Home Phone: () _____ **Address:** _____

Work Phone: () _____ **Place of Employment:** _____

___ **Guardian** **Name:** _____ **Cell Phone:** _____ **E-mail:** _____

Home Phone: () _____ **Address:** _____

Work Phone: () _____ **Place of Employment:** _____

EMERGENCY CONTACT: (OTHER THAN SOMEONE LIVING AT HOME)

Name: _____ **Home Phone:** _____ **Relationship:** _____

Address: _____ **Work Phone:** _____

ADDITIONAL CONTACTS:

***If student-related mailings should go to an address in addition to the primary residence, please indicate a complete name and address below:**

Please send second mailing to: _____
(Name) (Street Address) (Town, State, Zip Code)

(E-mail address to receive electronic copy of newsletter)

PLEASE SEE REVERSE SIDE--COMPLETE BOTH SIDES OF FORM

SIBLINGS:
NAME

SEX

DOB

LANGUAGE SPOKEN BY CHILD AT HOME: _____

RACE: (For state reporting purposes-Optional-Check One)

_____ White (not Hispanic) _____ Black (not Hispanic) _____ Hispanic
_____ American Indian or Alaskan _____ Asian or Pacific Islander

CITIZENSHIP: U.S.: _____ Other: _____ Immigration Status: _____

PHOTOGRAPHY PERMISSION

_____ I give permission for my child’s photograph/name to be included in any CIS publications (newsletters, brochures, yearbooks, etc.), newspapers or media, including the Canton Board of Education school web sites.

_____ I DO NOT give permission for my child’s photograph/name to be included in any CIS publications (newsletters, brochures, yearbooks, etc.), newspapers or media, including the Canton Board of Education school web sites.

Parent/Guardian Signature: _____

ALERT NOW EMERGENCY PHONE NUMBERS

The following two phone numbers will be used for both emergency and non-emergency announcements initiated from CIS, such as reminders of important upcoming events, report card distribution, school cancellation or delayed opening. The system will leave a message on home answering machines or cell phones if no one is available.

- 1) Primary Number: () _____
- 2) Primary Number: () _____

Four additional phone numbers can be used for emergency situations only. The call will be generated from the Board of Education’s Central Office. In order to reach a person to report the emergency to, the system will call up to 6 numbers. **Please choose these numbers carefully.** In the event you would like to be notified at work, please provide a direct-dial number or let the person answering the phone know they must notify you. **The system cannot dial extensions.** Examples of an emergency call would be: Code Red lockdown, fire, school evacuation, and emergency closing due to inclement weather.

<u>Phone #</u> (must include area code)	<u>Explanation</u> (ex. mom’s cell, dad’s work)
() _____	_____
() _____	_____
() _____	_____
() _____	_____

First e-mail address _____

Second e-mail address _____