

Prescription Medication? YES NO _____

(All medications administered at school require a Medication Administration Record to be completed)

Other Allergies or Medical Concerns?: _____

ALL MEDICATIONS brought from home (including cold medications, cough drops, prescription medication) to be administered at school requires the parent to complete the Tripp-Delmont School District Consent for Medication Administration Form approved by the school board. This form should be read carefully and must be signed for by all parents. Medications (except inhalers) must be kept in the office of our school or with the child's teacher.

PLEASE KEEP YOUR CHILD AT HOME IF THEY HAVE A COMMUNICABLE DISEASE or if he/she has vomited in the last 24 hours, or does not feel well enough to participate in school activities such as P.E. or recess. Dressing your child for the weather will prevent excessive absences. The staff would like to thank you for your cooperation with these matters.

FAMILY DATA SHEET

Sibling/Other Relation Information:

Brothers' Name	Date of Birth	Sisters' Name	Date of Birth	Others living in Home	Relationship to Student

REQUIRED ETHNICITY REPORTING: (To meet Federal requirements, answer BOTH Questions)

1) Are you Hispanic or Latino? No, not Hispanic or Latino Yes, Hispanic or Latino

(A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race)

2) What is your race? (Regardless of how you answered the first question, choose one or more)

- American Indian or Alaska Native** (origins in any of the original peoples of North or South America, including Central American, and who maintains tribal affiliation of community attachment)
- Asian** (origins in any of the original peoples of the Far East, Southeast Asia, or the India subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines, Thailand and Vietnam)
- Black or African American** (origins in any of the black racial groups of Africa)
- Native Hawaiian, Other Pacific Islander** (origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
- White** (origins in any of the original peoples of Europe, Middle East, or North Africa)

Language Survey (To meet State requirements All Questions Must Be Answered):

- 1) What is the language most frequently spoken at home? _____
- 2) Which language did your child learn when he/she first began to talk? _____
- 3) What language does your child most frequently speak at home? _____
- 4) What language do you most frequently speak to your child? _____

With Whom Living: Both Parents Mother Father Other

Request duplicate mailings for non-custodial parent: YES NO If yes, complete address information.

Mother's Name: _____ Home Phone: _____

Home Address: (if different) _____

Employed by: _____ Work Phone: _____

E-Mail: _____ Cell Phone: _____

Father's Name: _____ Home Phone: _____

Home Address: (if different) _____

Employed by: _____ Work Phone: _____

E-Mail: _____ Cell Phone: _____

Guardian's Name: _____ Home Phone: _____

Home Address: (if different) _____

Employed by: _____ Work Phone: _____

E-Mail: _____ Cell Phone: _____

Guardian's Name: _____ Home Phone: _____

Home Address: (if different) _____

Employed by: _____ Work Phone: _____

E-Mail: _____ Cell Phone: _____

EMERGENCY CONTACT INFO:

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Student Name: _____

To Meet State/Federal requirements, the following sections must be completed:

Address Information:

Current Home Address: _____

- 1. Is your current address a temporary living arrangement? YES NO
- 2. If YES, is this temporary living arrangement due to a loss of housing or economic hardship? YES NO

Migrant Worker Information:

Did you move to Tripp-Delmont to seek or obtain agricultural-related employment? YES NO

Please specify: _____

(If YES, please complete a Certificate of Eligibility form provided by the school office.)

PLEASE RETURN THIS FORM TO:

Tripp-Delmont School District 33-5

105 S. Sloan St

P.O. Box 430

Tripp, SD 57376

Phone: (605) 935-6766

Fax: (605) 935-6507

CONFIDENTIALITY NOTICE:

This packet, including any attachments, contains information which may be privileged, confidential and/or protected from disclosure. The information is intended only for the use of the Tripp-Delmont School District 33-5, named above. If you think you have received this form in error, please send this form to the above address. If you are not an authorized member of the Tripp-Delmont School District any dissemination, distribution or copying of this form is strictly prohibited.