



Household Verification Form

Only one form per household is required.
 If you have already completed and returned
 a form for your household, please disregard.

In an effort to verify/correct our data in Infinite Campus, our new Student Information System; please complete the requested information below and return to any DeKalb school. A household consists of a family unit; parents/legal guardians and their children enrolled as DeKalb students.*

Household Information

Physical Address _____ City: _____ State: _____ Zip: _____ Primary Phone: () _____ - _____

Household Parent / Legal Guardian 1:

Household Parent / Legal Guardian 2:

Name _____
 (last, first, middle, suffix (Jr, Sr, II, III, etc..))

Name _____
 (last, first, middle, suffix (Jr, Sr, II, III, etc..))

Relationship to Student(s): _____

Relationship to Student(s): _____

Cell # _____ Work # _____

Cell # _____ Work # _____

E-Mail _____ Living at above address Yes or No

E-Mail _____ Living at above address Yes or No

Student 1:

Student 2:

Student 3:

Student 4:

Last: _____	_____	_____	_____
First: _____	_____	_____	_____
Middle: _____	_____	_____	_____
Suffix: _____	_____	_____	_____
Birth Date: _____	_____	_____	_____
School: _____	_____	_____	_____
Grade: _____	_____	_____	_____

Emergency Contacts

Name: _____	_____	_____	_____
Phone#: _____	_____	_____	_____
Relationship: _____	_____	_____	_____

*Are there other households (family units) living at the same physical address: Yes or No *If yes, the other household (family unit) must complete a separate form.*

**RONALD E. MCNAIR DISCOVERY LEARNING
ACADEMY**

Field Trip Permission Form

Educational and Cultural Arts field trips have a proper place in the instructional program. They are scheduled as a definite outgrowth of classroom activity.

Teachers carefully plan each trip and present a proposal to the principal that must be approved before the trip is scheduled. All necessary supervisory and safety precautions will be taken.

Our students will be taking many field trips this year. Rather than sending home permission slips for each trip, we are requesting prior permissions from the parents that will cover all of the trips this year. We feel this will be convenient for both you and the teachers. Please sign this form and return it to your child's homeroom teacher.

If for some reason, the parent decides that his or her child may not participate in a scheduled field trip during the school year. The parent should notify the school in writing.

My child _____, has permission to attend any approved school field trips during this school year.

Parent/Guardian _____ Date _____

1701 Mountain Industrial Boulevard
Stone Mountain, GA 30083-1027
678-676-1200



Media Release Form

I _____, agree to grant DeKalb County School District and its assigns the right to use photo and/or video images and sound for use as news and/or educational programs including but not limited to videos that promote civic responsibility in whole or in part for any currently known media or media to be developed.

I agree to release the DeKalb County School District from any and all claims, damages, liabilities and costs I now or might have regarding my appearance in association with news stories and/or educational programs.

I hereby release all rights that I, my heirs, or assigns might have now or in the future to all or part of the said production, including but not limited to the publishing, printing, development, editing, and use in news papers and other forms of print media, broadcasting, cablecasting, webcasting, podcasting, video on demand, or any other public or private presentation or screening purposes by the DeKalb County School District or its assigns.

I knowingly and willingly waive any and all rights or entitlements, including payments for my appearance or for the subsequent distribution of the products related to this program.

Signature

Date

Parent or Guardian Signature (if you are a minor)

Date

DeKalb County School Representative

Date

Watch: CH 24 on Comcast (DeKalb) or
www.pds24.tv

"The School Cannot Live Apart From The Community"
www.dekalb.k12.ga.us

DEKALB COUNTY SCHOOL DISTRICT
STUDENT HEALTH SERVICES

SCHOOL HEALTH CLINIC INFORMATION CARD

(School Year: 2014-2015)

School: _____ Grade: _____ Teacher/HR: _____

Name: _____ Sex: M F D.O.B. _____

Address: _____ Phone: _____ (H) _____ (C) _____ (W) _____

HEALTH HISTORY (Answer Yes or No, and give information as needed.)

Allergies (Specify) _____ Diabetes _____

Asthma _____ Physical Disabilities _____

ADHD/ADD _____ Sickle Cell _____

Cancer _____ Seizure Disorder _____

Other physical or mental health issues which may be a concern at school: (continue on back as needed)

_____ Does your child require special seating in the classroom? Specify: _____

_____ Does your child have any condition that would limit physical education activities? List: _____

_____ Does your child take any prescribed medications routinely? List: _____

_____ Does your child take any non-prescription medications? List: _____

_____ Did your child receive any immunizations this past year? List type, date: _____

_____ Date of last tetanus shot? _____

List name(s) of school-age siblings:

1. _____ Grade/School: _____

2. _____ Grade/School: _____

3. _____ Grade/School: _____

4. _____ Grade/School: _____

EMERGENCY CONTACT INFORMATION

Father/Guardian _____ Name _____ Phone (H) _____ (C) _____
Phone (W) _____ Pgr. _____

Mother/Guardian _____ Name _____ Phone (H) _____ (C) _____
Phone (W) _____ Pgr. _____

If parents cannot be reached, list two nearby persons who will assume care of your child.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Child's Healthcare Provider _____ Phone _____

I give permission to contact my child's healthcare provider for further medical information. Yes _____ No _____

I also understand that in the event of an emergency and I can not be reached that the school will have my child transported to the hospital via the EMS/911 service to receive appropriate treatment.

Parent Signature _____ Date _____

**PHYSICIAN'S REQUEST FOR ADMINISTRATION OF MEDICATION
AT SCHOOL BUILDING DURING SCHOOL HOURS**

1. To keep this child in optimal health and to help maintain school performance, it is necessary that medication be given during school hours.
2. Nurses and other designated school personnel can assist with self-administration of medication during school hours.
3. In order for medication to be self administered at school, this form must be completed by licensed physician and at least one guardian/parent and be returned to school.

School: _____

Name of child: _____ DOB _____

Diagnosis: _____ Infectious _____ Noninfectious _____
(Please check one)

Allergies: _____

Name of medication: _____ Color, if applicable _____
(Include trade name)

Form of medication to be given:

_____ tablet _____ pill _____ capsule _____ liquid _____ inhalation _____ injection** _____ other (specify)

** No injection will be given except in extreme emergency, such as allergy to wasp or bee sting or the like.

Dosage (amount to be given): _____

Frequency: _____

Common side effects: _____

REMARKS: _____

Physician's Signature (date)

Physician's Name (print or type)

Physician's Office Phone/Fax#

This is your permission to give medication to my child named above as requested by the physician.

Parent's Signature (date)

Home Phone# Work Phone#

Pager/Cell#

Email address

Ronald E. McNair Discovery Learning Academy
Parental Dismissal Agreement

For the safety and protection of each student, it is necessary that your child's teacher has a clear understanding concerning how your child leaves the school each day. Therefore, you are requested to select the way that your child is to leave the school and to fill in other requested information where applicable.

If, for specific reasons, you need to change your dismissal choice, you must write your child's teacher a note. Telephone calls will not be accepted.

Child's Name _____ Date _____

Grade _____ Teacher _____

_____ Ride School Bus Route # _____

_____ Ride Nursery Bus _____
Name of Nursery Bus/ Telephone Number

_____ After School Program

_____ Walk Home

_____ Car Rider

_____ Name of Person, if not parent

_____ Telephone Number

_____ Name of Person, if not parent

_____ Telephone Number

Signature of Parent _____