

# Deer Park Schools – Household Verification Form

Please print

2009 - 2010

Student's Name (Last, First M) \_\_\_\_\_ School \_\_\_\_\_ Teacher \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ Race/Ethnicity\* \_\_\_\_\_

Primary Household Name \_\_\_\_\_ Primary Household Phone \_\_\_\_\_

Primary Household Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Secondary Household Name (if applicable) \_\_\_\_\_ Secondary Household Phone \_\_\_\_\_

Secondary Household Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

**Other Siblings in the Primary Household**

Name of Child	Date of Birth	School Attending	Grade	Gender	Race/Ethnicity*

\* Race/Ethnicity - list all that apply:

A: Asian, B: Black, H: Hispanic, I: American Indian or Alaska Native, P: Pacific Islander or Native Hawaiian W: White

**Parent or Guardian Information**

**Parent/Guardian:**

Name Last, First	Gender	Address	Home Phone	Work Phone	Cell Phone	Email Address
<b>Relationship to child</b>	<input type="checkbox"/> OK to pick up student <input type="checkbox"/> Legal custody <input type="checkbox"/> Live with student <input type="checkbox"/> Receives mailings					

**Parent/Guardian:**

Name Last, First	Gender	Address	Home Phone	Work Phone	Cell Phone	Email Address
<b>Relationship to child</b>	<input type="checkbox"/> OK to pick up student <input type="checkbox"/> Legal custody <input type="checkbox"/> Live with student <input type="checkbox"/> Receives mailings					

**If you are making a guardian, name, and/or address change, please include legal documentation with this form.**

**\*\* Please fill out both sides completely, and provide signature.\*\***

**Other Persons who lives in Primary Household** (example Step Parent, Grandparent, Aunt, Uncle)

Name Last, First	Gender	Relationship to children	Work Phone	Cell Phone	
					<input type="checkbox"/> OK to pick up student
					<input type="checkbox"/> OK to pick up student
					<input type="checkbox"/> OK to pick up student

**Other Contacts**

	Name Last, First	Gender	Home Phone	Work Phone	Cell Phone
<b>Emergency Contact 1</b>					
<b>Emergency Contact 2</b>					
<b>Emergency Contact 3</b>					
<b>Doctor</b>					
<b>Dentist</b>					

Check here if your child has had any allergies, illness or injuries in the past year or has taken any medication on a daily basis. Please list medications on this card. Also, include anything the school should know in order to give your child special care. To protect my child's health and safety in school, I consent to the sharing of pertinent health information with involved school staff.

Allergies \_\_\_\_\_  
 Illness \_\_\_\_\_  
 Injuries \_\_\_\_\_  
 Medications \_\_\_\_\_  
 Other \_\_\_\_\_

- In case of an illness or injury and no authorized adult (listed on this card) can be reached, please transport my child to the nearest hospital emergency room by ambulance if necessary.
- I realize that the school district cannot assume responsibility for medical fees or expenses incurred.
- I hereby give permission to share health information with teachers for safety reasons.

Check this box if you are a new registrant

Check this box if information is accurate and no changes are required

Return form to your child's school or mail to: IT Department, 220 Washington Avenue, Deer Park, NY 11729

Parent/Guardian (Print name) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_