

## Reading Memorial High School 2018-2019 Pupil Information

### Student Information:

*Please include all area codes with telephone numbers.*

| <i>Grade</i> | <i>Last Name</i> | <i>First Name</i> | <i>Middle Name</i> |
|--------------|------------------|-------------------|--------------------|
|              |                  |                   |                    |

|  |                             |
|--|-----------------------------|
| Address ( <i>please include Town, City, Zip</i> ): | Date of Birth (MM/DD/YYYY): |
|  | Home Tel. #:                |
|  | Cell Tel. #:                |

|                 |                  |
|-----------------|------------------|
| Place of Birth: | Previous School: |
|-----------------|------------------|

### Parent/Guardian Information:

*Please include all area codes with telephone numbers.*

#### *Parent/Guardian #1 Information*

|  |                        |
|--|------------------------|
| Name:  | Relationship to Child: |
| Address ( <i>please include Town, City, Zip</i> ): | Home Tel. #:           |
|  | Cell Tel. #:           |
|  | Work Tel. #:           |
|  | Preferred Email:       |

#### *Parent/Guardian #2 Information*

|  |                        |
|--|------------------------|
| Name:  | Relationship to Child: |
| Address ( <i>please include Town, City, Zip</i> ): | Home Tel. #:           |
|  | Cell Tel. #:           |
|  | Work Tel. #:           |
|  | Email:                 |

#### *Parent/Guardian #3 Information—Shared legal custody or different mailing address than child.*

|  |                        |
|--|------------------------|
| Name:  | Relationship to Child: |
| Address ( <i>please include Town, City, Zip</i> ): | Home Tel. #:           |
|  | Cell Tel. #:           |
|  | Work Tel. #:           |
|  | Email:                 |

### Emergency Contact Numbers—other than Parent/Guardian

*Will be called in order listed below.*

*Person(s) listed have agreed to care for your child during day in case parent/guardian cannot be reached.*

|     | <i>Name and Relationship</i> | <i>Telephone #</i> |
|-----|------------------------------|--------------------|
| #1. |                              |                    |
| #2. |                              |                    |
| #3. |                              |                    |

**OVER** →

**Names of student's siblings or other children in this household.**

|                           |
|---------------------------|
| Name and School Attending |
|                           |
|                           |
|                           |

**Student Permissions-Please read all sections and complete where applicable**

*Please circle appropriate response for each permission.*

*If no circle is completed, it will be assumed permission has been granted.*

|            |           |   |
|------------|-----------|---|
| <b>Yes</b> | <b>No</b> | All students are provided with access to district computer resources. In addition to accessing the district computer network, I grant permission for my son or daughter to access Internet services and student email provided by the Reading Public Schools. This includes the use of blogs, wikis, podcasts, video production and other appropriate online tools and social media tools that will be used for educational purposes only and will follow the guidelines of the Reading Public Schools Acceptable Use Policy. |
| <b>Yes</b> | <b>No</b> | I give permission for samples of my child's work (poetry, short stories, drawings, etc.) to appear on school sponsored websites for educational purposes. Only my child's first name will appear next to such samples.  |
| <b>Yes</b> | <b>No</b> | I give permission to have my child's picture appear on school bulletin boards, in school publications (yearbooks, playbills & class list, etc.), in video productions and in local newspapers in conjunction with school projects.  |
| <b>Yes</b> | <b>No</b> | I give permission for photographs of my child to appear on school sponsored websites. Only child's first name will appear next to such photos.  |
| <b>Yes</b> | <b>No</b> | I give permission for my child to have a cell phone on school property provided that he/she abides by the school rules for cell phone use.  |
| <b>Yes</b> | <b>No</b> | I give permission to use my email for distribution of newsletters, school notices, general correspondence, etc. If you prefer to receive paper copies, circle No.   |
| <b>Yes</b> | <b>No</b> | I give permission for my child's name to be released to military recruiters. (Juniors and Seniors Only)   |
| <b>Yes</b> | <b>No</b> | I give permission for the school department to release my contact information to the school PTO for school use only.  |
| <b>Yes</b> | <b>No</b> | <p><b><u>School Handbook</u></b></p> <p><b>I have reviewed the school handbook and agree to abide by the guidelines therein.</b></p>  |
| <b>Yes</b> | <b>No</b> | <p><b><u>Reading Public Schools Acceptable Use Policy and Internet Safety Agreement</u></b></p> <p>Please read the policy that was distributed to all students prior to signing below. This policy is also on our district website at <a href="http://www.reading.k12.ma.us">www.reading.k12.ma.us</a>.</p> <p><b>I have read the school district's PreK-12 Acceptable Use Regulations for Computer and Internet Use and agree to abide by those guidelines.</b></p>  |

|  |  |
|--|--|
| Parent Signature<br>(Required for all statements,<br>including student handbook<br>and acceptable use policy)      |  |
| Student Signature<br>(Required for students in<br>Grades 4-12 for School<br>Handbook and Acceptable Use<br>Policy) |  |

**Reading Memorial High School  
2018-2019 Pupil Information**

**Medical Information**

| <i>Grade</i> | <i>Student Last Name</i> | <i>First Name</i> | <i>Middle Name</i> | <i>Date of Birth<br/>(MM/DD/YYYY)</i> |
|--------------|--------------------------|-------------------|--------------------|---------------------------------------|
|              |                          |                   |                    |                                       |

| <i>Doctor Name</i> | <i>Telephone #</i> |
|--------------------|--------------------|
| Physician:         |                    |

Hospital Preference (if applicable):

**Medical Questions**

|  |   |
|--|---|
| 1. Does your child have any allergies?   | <p align="center">Yes      or      No</p> <p>If yes, what?</p>                                      |
| 2 I give permission for the school nurse to give my child Tylenol or Ibuprofen (Advil, Motrin) as a pain reliever when needed. | <p align="center">Yes      or      No</p>   |
| 3. Does your child have any physical limitations that prevent participation in any school programs?                            | <p align="center">Yes      or      No</p> <p>If yes, please explain:</p>                            |
| 4. Does your child take any medication?  | <p align="center">Yes      or      No</p> <p>If yes, what?</p> <p>When is the medication taken?</p> |

In case of emergency, if your emergency contacts cannot be reached,  
your child will be taken to a hospital or emergency treatment facility by ambulance.

**↓ Please sign and date below that the information on this Medical Information Page is correct. ↓**

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date