

**Reading Public Schools
Pupil Information-PreK-Elementary School
2020-2021 School Year**



Thank you for reviewing your student's information
for the upcoming school year. Please complete this card
and review all information and return the signed form to your child's school

<i>Student Last Name</i>	<i>Student First Name</i>	<i>Student Middle Name</i>

<i>Date of Birth (MM/DD/YYYY)</i>	<i>Place of Birth</i>	<i>Grade:</i>	<i>Teacher:</i>	<i>Room Number:</i>

Medical Information

<i>Physician Name</i>	<i>Telephone #</i>	<i>Hospital Preference</i>

Medical Questions

1. Does your child have any allergies?	Yes or No If yes, what? _____
2. Does your child have any physical limitations that prevent participation in any school programs?	Yes or No If yes, please explain. _____
3. Does your child take any medication?	Yes or No If yes, what? _____ When is the medication taken? _____

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

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.

<i>Student Last Name</i>	<i>Student First Name</i>	<i>Student Middle Name</i>

<i>School</i>	<i>Grade</i>

Yes	No	All students are provided with access to district computer resources. In addition to accessing the district computer network, as the parent or legal guardian, I grant permission for my child to access the internet and email systems provided by the Reading Public Schools.
Yes	No	I grant permission for my child to use Reading Public School sponsored/approved 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.
Yes	No	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.
Yes	No	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.
Yes	No	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.
Yes	No	I give permission for the school to release my contact information to the PTO for Room Parent classroom use only.
Yes	No	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.
Yes	No	<u>School Handbook</u> I have reviewed the school handbook and agree to abide by the guidelines therein. To view the handbook, please go to your school's website. You can access all school websites at www.reading.k12.ma.us .
Yes	No	<u>Reading Public Schools Acceptable Use Policy and Internet Safety Agreement</u> Please read the policy that was distributed to all students prior to signing below. This policy is also on our district website at http://www.reading.k12.ma.us/district-information/first-day-school-fliers/ . I have read the school district's PreK-12 Acceptable Use Regulations for Computer and Internet Use and agree to abide by those guidelines.

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



PLEASE RETURN TO YOUR MAIN OFFICE