

Grade: \_\_\_\_\_

(Full Legal Name) \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Place of birth: \_\_\_\_\_ County: \_\_\_\_\_ Gender: Male \_\_\_\_\_  
 City: \_\_\_\_\_ Female \_\_\_\_\_  
 State: \_\_\_\_\_  
 Country: \_\_\_\_\_

Ethnicity (This information is used to complete forms requested by the State of Illinois)

\_\_\_\_\_ White (not of Hispanic origin) \_\_\_\_\_ Hispanic  
 \_\_\_\_\_ Black (not of Hispanic origin) \_\_\_\_\_ Asian or Pacific Islander  
 \_\_\_\_\_ American Indian or Native Born Alaskan

Relationship	Name	Street, City, State, Zip	Phone (Home)	Phone (Cell)	Phone (work)
Mother					
Father					
Guardian					
Emergency Contact					
Doctor					

Please include any additional mailing addresses that OTHS should be using to contact parents or legal guardians:

Is there any information in regards to custody that OTHS needs to be aware of (please provide any court documentation as necessary):

Please check the appropriate boxes:

Relationship	OK to Pickup	Legal Custody	Lives With	Receives Mailings	Calling Priority (1 for 1 <sup>st</sup> to be called)
Father					
Mother					
Guardian					
Emergency Contact					

Please list any allergies, medical conditions, and/or any medications your child takes on a regular basis:

**School Information**

Present or Former School: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Language Survey**

- Was English the first language you learned? \_\_\_ Yes \_\_\_ No  
 If not what was your first language? \_\_\_\_\_
- What is the primary language spoken in your home? \_\_\_\_\_

If you have an address or phone change, please notify Student Services at 815-433-1326 immediately. Please use the same number (433-1326) to report absences (there is a 24-hour voice mail system in place).

Name: \_\_\_\_\_

I, \_\_\_\_\_, a parent or legal guardian of \_\_\_\_\_, a minor, who attends Ottawa Township High School hereby authorize in the event of all reasonable attempts to contact have been unsuccessful, the Principal, or his designee, or such other persons that I have listed as emergency contacts with said school, to consent to such necessary medical treatment due to an emergency from an accident or illness to the minor. Furthermore, I/we acknowledge that OTHS will issue the Parent-Student Handbook to students at the beginning of the school year. I/we agree to read the handbook and to encourage our child to comply with the policies and guidelines expressed therein. (Be advised that the signatures below will be the only acceptable signatures which may be used to excuse the student.)

\_\_\_\_\_  
Signature of Mother/Guardian

\_\_\_\_\_  
Signature of Father/Guardian

**Parent Permission Form for World Wide Web, Publishing of Student Work, Publishing of Student Photographs, and Publishing of Student Names**

We understand that \_\_\_\_\_ art work, writing, class project(s), photo in a school related activity, and/or name is under consideration for publication on the World Wide Web, a part of the Internet. Only first names will be used with student work and photographs.

We grant permission for the World Wide Web publishing as described above.

Name (sign): \_\_\_\_\_ Date: \_\_\_\_\_

Name (sign): \_\_\_\_\_ Date: \_\_\_\_\_

I, RIVER ABRAM, also give my permission for such publishing.

Name (sign): \_\_\_\_\_ Date: \_\_\_\_\_

I have read the enclosed "Usage Guidelines for Computer and Internet Resources" policy statement which was accepted by the OTHS Board of Education. I further understand that violation of this policy is unethical and may constitute a criminal offense. Should I commit any violation my access privileges may be revoked, school disciplinary action may be taken and/or appropriate legal action may be taken.

Name (sign): \_\_\_\_\_ Date: \_\_\_\_\_  
(To be signed by student)

As a parent or guardian of \_\_\_\_\_ I have read the "Usage Guidelines for Computer and Internet Resources." I understand that this access is designed for educational purposes and OTHS has taken available precautions to eliminate controversial material. However, I also recognize it is impossible for OTHS to restrict access to all controversial materials and I will not hold OTHS responsible for materials acquired on the Internet or other local computer resources. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission for OTHS to allow my child to use the available Internet access and certify that the information contained on this form is correct.

Name (sign): \_\_\_\_\_ Date: \_\_\_\_\_  
(To be signed by parent)

**After a Bus Accident – Parent Request**

In the event of a school bus accident in which the Emergency Medical Service (EMS) personnel determine that at least one passenger has a significant injury and must be transferred to an appropriate hospital, I also want \_\_\_\_\_ transported to the hospital to be checked. This decision is made even though the EMS personnel determine that \_\_\_\_\_ was not injured and was not to be sent to the hospital. I further agree that my request to send \_\_\_\_\_ will be at my expense and not at the expense of the school district. **Your signature constitutes acceptance of the above conditions – DO NOT SIGN IF YOU DO NOT AGREE.**

Name (sign): \_\_\_\_\_ Date: \_\_\_\_\_  
(To be signed by parent)