

**FAILURE TO COMPLETE & SUBMIT BOTH SIDES OF THIS FORM BY
JULY 23, 2010, MAY EXTEND YOUR TIME AT PROCESSING**

Lyons Township High School Student Data Information Form

Student	Last Name	First Name	M.I.	LT Student ID	Year

Medical Information <small>(Pertinent confidential medical information is shared with teachers and staff as appropriate and as needed.)</small>	Doctor's Name		Doctor's Phone
	Health Concerns		
	Allergies		
	Medications		

Military Recruiter Opt-Out	-In accordance with the U.S. Department of Education's No Child Left Behind Act, directory information may be released to military recruiters, unless a parent requests otherwise. "Directory Information" shall be limited to: Identification - name, address, gender, grade level, birth date and place, parents' names and addresses. -Parents or guardians who do not wish their child's name released to the military recruiters must put their objection in writing and state the student's name and grade. For your convenience, you may use this form to exercise this option. To do so, check the box to the right and initial.	Opt-Out I request that LT not turn over directory information for the student listed on this form to the Armed Services, Military Recruiters or Military Schools. <input type="checkbox"/> Check here. Initial _____

Siblings at LT	Last Name	First Name	M.I.	LT Student ID	Year

Parent/Guardian Contact #1 <small>This must be a parent or guardian residing with the student(s).</small>	Last Name		First Name		M.I.	Relationship to Student
	Phone Home		Street Address			
	Phone Work		City, State, Zip			
	Phone Cell/Alternate		Email Address			

Parent/Guardian Contact #2 <small>This must be the 2nd parent/guardian even if non-custodial unless deceased.</small>	Last Name		First Name		M.I.	Relationship to Student
	Phone Home		Street Address			
	Phone Work		City, State, Zip			
	Phone Cell/Alternate		Email Address			

I do not wish to have my student listed in the 2010-2011 PTC directory Check here. Initial _____

Alternate/Emergency Contact #3	Last Name		First Name		M.I.	Relationship to Student
	Phone Home		Street Address			
	Phone Work		City, State, Zip			
	Phone Cell/Alternate		Email Address			

Alternate/Emergency Contact #4	Last Name		First Name		M.I.	Relationship to Student
	Phone Home		Street Address			
	Phone Work		City, State, Zip			
	Phone Cell/Alternate		Email Address			

THIS FORM MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN

-If no parent or guardian can be contacted, I authorize the School Administration to take such emergency action as may be deemed necessary. -Information and preferences specified on this form are accurate and true.	Signature of Parent / Guardian	Date

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Dear Parent or Guardian:

The Illinois State Board of Education is requiring school districts to re-identify race and ethnicity for all students. The new data collection process requires parents to indicate ethnicity and then choose one or more of five races. (In the past, individuals were allowed to choose only one race or ethnicity category.) The new race and ethnicity data will be used in reporting and analyzing test results by race and ethnicity. The information will not be used to check immigration status, and the confidentiality of individual student information will be protected. Below is the form that parents or guardians need to complete to identify race and ethnicity and be sure to answer both parts of the two-part question. Return the completed form by July 23, 2010.

RACE/ETHNICITY FORM

Instructions: This form is to be filled out by the student's parents/guardians and both questions must be answered. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

PART 1: Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) This question is about ethnicity, not race. **Choose only one.**

- No, not Hispanic/Latino** **Yes, Hispanic/Latino**

PART 2: What is the student's race? **Choose all that apply.**

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, Indian, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

Black or African American (A person having origins in any of the black racial groups of Africa.)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

**** IMPORTANT → PLEASE BE SURE TO COMPLETE THE STUDENT DATA
INFORMATION FORM ON THE BACK OF THIS PAGE**