

NO STUDENT MAY ENTER PROCESSING WITHOUT THIS FORM COMPLETED
Lyons Township High School Student Data Information Form

Student	Last Name	First Name	Middle Initial	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	Middle Initial	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		Middle Initial	Relationship to Student
	Phone Home			Street Address	Address must be the same as the one on file for the student(s).	
	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		Middle Initial	Relationship to Student
	Phone Home			Street Address	Address must be the same as the one on file for the student(s).	
	Phone Work			City, State, Zip		
Phone Cell / Alternate			Email Address			

I do not wish to have my student(s) listed in the 2009-2010 PTC Directory Check here. Initial _____

Alternate / Emergency Contact #3	Last Name		First Name		Middle Initial	Relationship to Student
	Phone Home			Street Address	Address must be the same as the one on file for the student(s).	
	Phone Work			City, State, Zip		
Phone Cell / Alternate			Email Address			

Alternate / Emergency Contact #4	Last Name		First Name		Middle Initial	Relationship to Student
	Phone Home			Street Address	Address must be the same as the one on file for the student(s).	
	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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