



Lincoln-Way Area Special Education
Joint Agreement District 843

601 Willow Street
Frankfort, IL 60423
Phone: 815.806.4600
Fax: 815.806.4601

STUDENT PERSONAL DATA FORM FOR SCHOOL YEAR

TO BE COMPLETED BY PARENT/GUARDIAN - Must be completed even if your child is not being bused.

Resident District Date Student's Medicaid #

Student Name Male Female (if applicable)

Student Birth Date Home Area & Telephone # Cell Phone

Address Town & Zip

Child resides with? (Natural / Guardian / Foster) (circle one)

Secondary Address, if applicable Town & Zip

Father's Name email address Cell Phone #

Employer's Name Area code & Phone #

Mother's Name email address Cell Phone #

Employer's Name Area & Phone #

If according to the IEP my child is eligible for special transportation, I (accept, decline) special transportation. [A.M., P.M., both routes] (circle one)

Is your child presently taking prescription medication? Yes No If yes, briefly explain:

Child's current Height Weight

List any medical/behavioral concerns that the bus driver should be aware of:

EMERGENCY INFORMATION

Please list the names and telephone numbers of two relatives or close friends who can pick up or receive your child due to illness, emergency school closing or other emergencies.

Emergency Name (#1): Phone ( )

Emergency Name (#2): Phone ( )

If your child rides a special education bus, list someone in the area where we can drop him/her off in an emergency situation. It may be one of the emergency names from above.

Emergency Neighbor Name Phone ( )

and drop off Address

I hereby grant authority to Lincoln-Way Special Education personnel to obtain a paramedic to give emergency treatment to my child or obtain ambulance services for my child when it is deemed necessary. I also give permission to the selected paramedic/physician to treat my child as requested by the school in the event I cannot be reached. I am aware that any expenses incurred for any of the above services will not be the responsibility of the resident school district or the Lincoln-Way Area Special Education Joint Agreement District 843.

I do hereby certify that I am a resident of the above-named school district and that all the information above is true and correct. Please sign and date.

Parent or Guardian Signature

Date

FOR OFFICE USE ONLY:

Date of Program Start

School Attending