

Clarksburg C-II School
Student Information 2025-2026

Please complete the following form and return to the school office.

Child's (Full) Name: _____

Birthday: ____/____/____ Social Security Number: _____

Child's Race: _____

Address: _____ County: _____

City State Zip Code Home Phone: _____

Name of Father/Guardian: _____ Race: _____

Last First

Name of Mother/Guardian: _____ Race: _____

Last First

Father/Guardian's Occupation: _____ Cell Phone: _____

Work Phone: _____

Mother/Guardian's Occupation: _____ Cell Phone: _____

Work Phone: _____

Which parent is first contact: _____

If school should dismiss early because of inclement weather, where should your child go?

Please be very specific: _____ Phone: _____

In the event your child becomes ill or injured in any way and we are unable to reach you, whom do we notify?

_____ Phone: _____

Who is your family doctor? _____ Phone: _____

Office Use Only: _____ (MOSIS ID)

___ YES or ___ NO (Please check one) – Permission to administer ibuprofen to your child

Parent Signature _____ Date _____

Please provide your e-mail address if you would like to receive notifications such as lunch bills, early dismissals or if you would like us to send you pictures throughout the year of your child.

E-mail Address: _____

Does your child have any health issues or seasonal/food allergies? YES/NO _____

Please explain: _____

Does your child currently take medication on a regular basis? YES/NO _____

If yes, will they need to take medicine at school? YES/NO _____

In the event my child needs immediate emergency care, school personnel designated by the principal may take my child to a local doctor. I give my consent for the emergency medical treatment deemed necessary by the physician. Consent of the parents must be received before a doctor will treat an emergency case. Signing of this form constitutes consent on the part of the parent or guardian.

Parent/Guardian Signature

Please list the names of those individuals to whom the school may release your child with your permission. Your child will not be released to anyone not listed on this form.

Yes No 1. During the past three years, has either the parent/guardian or student been employed or currently employed in some form of temporary or seasonal (migratory) agricultural or agricultural related work?

Yes No 2. Is another language used at home? If yes, what language? _____

Yes No 3. Is English the language background?

Yes No 4. Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? Explain if it is a similar reason.

Yes No 5. Are you currently residing at a motel, hotel, in a car, or at a campsite because your home has been damaged or because of economic reasons?

Yes No 6. Are you currently residing in a shelter?

Yes No 7. Are you currently living in a temporary housing arrangement due to economic hardship?

After reading the 2025-26 Student/Parent Handbook please sign and return this signature sheet to your teacher to verify that both you (student) and your parent/guardian have received, read, understand, and agree to abide by the rules and regulations of the Clarksburg CII School District.

Parent Signature _____

Student Signature _____ Grade Level _____

****Students will not be permitted to participate in any extracurricular activities until handbook signature page is completed and returned. This includes as a participant or spectator.**