# ADDITIONAL STUDENT AND PARENT FIELDS

In order to create new profile fields, provide data in the format below.

#### **SAMPLE ADDITIONAL STUDENT FIELDS**

**Demographics** 

Label	Field type	Values	Notes
Lives With	Check box multiple seelction	Mother Father Stepmother Stepfather Guardian Other	Allow selecting one or more values  Mandatory Field
Lives With - Others	Textfield		Specify with whom the student lives with
Ethnicity	Radio Button	Hispanic Non-Hispanic	Allow selecting one value only
Race	Dropdown	American Indian/Native Alaskan Asian Black /African American Native Hawaiian/Pacific Islander White Two or more races	Allow selecting one value only
Religion	Radio Button	<provide a="" list="" of="" options=""></provide>	Allow selecting one value only
Parish	Textfield		
Baptismal Date	Date		
Baptismal Church Name	Textfield		

#### **Emergency Contacts**

## Sample verbiage:

In case of an emergency, parents will be contacted. In the event a parent or guardian cannot be reached, list (in the order you wish them to be contacted) the names, addresses, and telephone numbers of three people whom you authorize to assume custody of your child:

<Specify how many emergency contacts needs to be collected.>

Label	Field type	Values	Notes
Name of Contact #1	Name	First Name Last Name	Mandatory Field for emergency contact 1
Relationship	Textfield		Write the type of relationship with student

			Mandatory Field
Address	Address	Address1 City State <dropdown> Zip Country <dropdown></dropdown></dropdown>	Mandatory Field
Phone	Textfield		Enter one or more contact numbers  Mandatory Field
Names of any person to whom your child should not be released	Textfield		Specify any names whom you don't want to give the custody of your child
Do you authorize?	Signature (Dropdown+Name+D ate)	I Agree I Disagree Name Date	Select one option and enter the Signatory Name and Date of signature Mandatory Field

### **Medical Information**

#### Sample verbiage:

In case of minor illness or injury, first aid will be administered. If serious illness or injury occurs, we will attempt to notify a parent/guardian. If school is unable to reach you, they will contact the above authorized people in the order listed. They must have the following authorization signed to assure that immediate medical care can be given specifically to your child.

Label	Field type	Values	Notes
Physician's Name	Textfield		Mandatory Field
Physician's Address	Textfield		
Physician's Phone	Textfield		Mandatory Field
Dentist's Name	Textfield		Mandatory Field
Dentist's Address	Textfield		
Dentist's Phone	Textfield		Mandatory Field
Hospital of choice	Drop down	List hospitals	Mandatory Field
Hospital Phone	Textfield		Mandatory Field
Special health problems	Textfield		
Regular medication taken	Textfield		
Known allergies to medications	Textfield		
Medical Insurance Provider	Textfield		
Medical Insurance Group#	Textfield		
Medical Insurance Policy / Subscriber ID#	Textfield		
Medical Authorization	Heading		Paragraph about the terms parents authorize related treatment  Parent cannot edit this field
Parent Signature	Signature (Dropdown+Name+Da te)	I Agree I Disagree Name Date	Select one option and enter the Signatory Name and Date of signature Mandatory Field

Edit Fields				
	■ Both parents			
	Mother			
Lives With	Father			
	Other			
Lives With - Others				
Is this student returning to school next year?	Yes ▼			
Seneor next years				
Medical Information Edit Fiel	ds			
Physician's Name	Dr. Parekh	Jacob		
Physician's Name	FirstName	LastName		
Physician's Phone	408-000-0000			
	Dr. Lisa	Divore		
Dentist's Name	FirstName	Byers LastName		
		Lastivallie		
Dentist's Phone	408-000-2000			
Hospital of choice	Good Samaritan Hospital			
Hospital Phone	111-121-000			
(chronic illnesses, allergies, handicaps, etc.)				
Special health problems	Nut allergies			
Regular medication taken	None. 2 tsp of Benedryl when needed.			
	Notic. 2 tsp of benedity) when needed.			
List known medication allergies				
Emergency Contacts Edit Fie	lde			
In the event a parent or guardian cannot be reached, please list (in the order you wish them to be contacted) the names,				
addresses, and telephone numbers of three people who you authorize to assume custody of your child in case of an				
emergency or disaster:				
Name of Contact #1	Maria	Barnard		
	FirstName	LastName		
	Bella Vista	Saratoga	Californ ▼ 90070	
Address	Address1	City	State Zip	
Phone	408-806-1065	<i>.</i>		
Pilolle	700 000-1003		1	
Name of Contact #2	Sussie	Barnard	J	

### **ADDITIONAL PARENT FIELDS**

## **Demographics**

Label	Field type	Values	Notes
Occupation	Textfield		Mandatory Field
Place of Employment	Textfield		
Alumni of School?	Radio Button	Yes No	Allow selecting only one value  Mandatory Field
Marital Status	Dropdown	Marital Divorced Separated Widowed Other	Allow selecting only one value

# Finger Printing

These fields are tracked by the school administrator.

Label	Field type	Values	Notes
Date Finger Printed	Date Time		Parent cannot edit this field
Date of Training	Date Time		Parent cannot edit this field
Cleared for volunteering	Dropdown with YES / NO		Check box if cleared for volunteering Parent cannot edit this field
Volunteer clearance- notes	Textfield		Notes written by admin if any issues or highlights regarding clearance for volunteering Parent cannot view or edit this field

# **Driver's Information**

Label	Field type	Values	Notes
Cleared for Driving	Dropdown with YES / NO		Is the person cleared for school related driving Parent cannot view or edit this field
Driving clearance notes	Textfield		Notes written by admin if any issues or highlights regarding clearance for driving Parent cannot view or edit this field
Driver's License Number	Textfield		Mandatory Field (?)
State license issued	Textfield		
Vehicle Make & Model	Textfield		

Vehicle Year	Text field	
Vehicle Color	Textfield	
Number of Student Passengers	Number	
License Number	Textfield	
Vehicle Insurance Policy #	Textfield	
Vehicle Insurance Agency	Textfield	

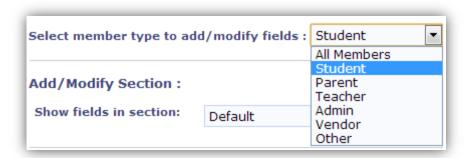
# Sample Additional Fields in Parent Profile

Edit Fields	
Finger Printing Edit Fields	
Date Finger Printed	01/16/2014
Date of training	01/08/2014
Cleared for volunteering	✓
Occupation	Firefighter
Company	Santa Clara Fire Department
Driver's Information Edit Fi	elds
C.D.L Number	C3610000
Car Insurance Policy	
Agency	State Farm
Description of vehicle	
Make	Toyota
Year	2000
Color	Blue
Number of Student	3
Passengers	
License Number	2ВНТ000
	Update

YOU CANNOT ADD NEW DATA FIELDS. HOWEVER, YOU CAN MODIFY FIELDS ADDED. CONTACT SUPPORT FOR THE PAGE FOR EDITING FIELDS.

Once you access the page to modify profile fields:

**Select Member Type:** For editing fields in Student profile, select Student. For editing fields in Parent profile, select Parent.



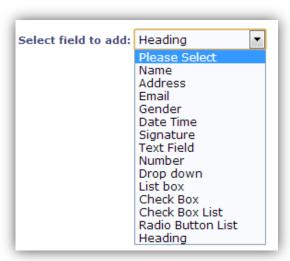
**Select sections:** fields are organized into sections, for example "Work information", "Emergency contacts" etc.

#### **Edit fields:**

Label – how the question should be presented.



• Field type – text field, address, email, radio button, drop down, check box, etc. You cannot change the field type.



- Field parameters:
  - Whether the field can be edited by parents (e.g. work address), visible to parents (e.g. is the parent finger printed) or visible only to administrators (e.g. custody issues).
  - o Whether the field should be mandatory

