

## Edit member details (Avery Anderson) [View](#) | [Add/Edit Profile Fields](#)

This profile was last updated on: 1/17/2017 10:53:31 AM

Review details below, make any changes and click the **[Update]** button in the page.

To make same changes to multiple profiles, update one profile and click **[Update Family]**.



**Name:**        
 Salutation First Name\* Middle Name Last Name\* Suffix

**Nick Name:**

**Member type:**  Student  Parent  Teacher  Admin  Vendor  Other

**Gender:**

**Date of Birth:**

**Address:**       
 Street City State ZIP

<= Do not show my address to other parents.

**Profile Photo:**  <= Do not show my profile photo to other parents.

**Phone:**       
 Home Work Mobile Mobile Carrier

Hide my phone number from other parents.

Home Phone  Work Phone  Mobile Phone

<= I want to receive only emergency text messages on mobile phone.

**Email:**

**Additional Email:**

<= Do not show my emails to other parents in online directory.

*(Email addresses may be exposed in email page and email communication.)*

*[Student email cannot be updated by students and parents.]*

**Email notifications?**  Enable  Disable (Enable to receive automatic notifications such as summary emails, signup reminders and grade notifications.)

### Diocesan data collection [Edit Fields](#)

**Public school district of residence**

**Specific Public School**

**Does the student receive busing**  Yes  No

**Eligible for Free or Reduced Price Lunch (FRL)**  Free  Reduced  No \*

**Eligible for Free or Reduced Price Breakfast (FRB)**  Free  Reduced  No \*

**Is the student an immigrant**  Yes  No

**Is the student LEP and ELL**  Yes  No \*

**Student awarded state scholarship**  Autism Scholarship   
 Jon Peterson Special Needs Scholarship   
 EdChoice Scholarship

**Is the student receiving services from public school personnel**  Yes  No

- Which one(s)**
- IDEA
  - Title I
  - Title III

- Which IDEA Services**
- Speech
  - Tutoring
  - Both

- Type of plan the student is on**
- IEP
  - Services Plan
  - Written Plan
  - Academic Support Plan

**IEP Date**

**Services Plan Date**

**Written Plan Date**

**Academic Support Plan Date**

**Student's specific disability/disability category per ETR**

**Date of ETR**

**Student Identified (through ETR process) as having a disability but NOT being served by IDEA-funded public school personnel**  Yes  No

**Date(1)**

**Student evaluated but determined NOT eligible for IDEA-funded services**  Yes  No

**Date(2)**

**Student is NO LONGER eligible for/terminated from IDEA-funded services**  Yes  No

**Gifted/Talented**  Yes  No

**Area**

**Support Team Education Plan (STEP)**  Yes  No \*

**Title I Reading (Receiving Title I Reading Services)**  Yes  No \*

**Title I Math (Receiving Title I Math Services)**  Yes  No \*

**Race**  \*

**Ethnicity**  \*

**Religion**  Catholic  Non-Catholic \*

**Edit Fields**

- Lives With**
- Both parents
  - Mother
  - Father
  - Other

**Lives With - Others**

**Is this student returning to school next year?**

(Use this field to indicate exceptions - Students not promoted to next grade)

**Next Year Grade**

**Medical Information** [Edit Fields](#)

**Physician's Name**    
FirstName LastName

**Physician's Address**   Select a : ↓   
Address1 City State Zip

**Physician's Phone**

**Dentist's Name**    
FirstName LastName

**Dentist's Address**   Select a : ↓   
Address1 City State Zip

**Dentist's Phone**

**Hospital of choice**

**Hospital Phone**

(chronic illnesses, allergies, handicaps, etc.)

**Special health problems**

**Regular medication taken**

**List known medication allergies**

**Date of last tetanus immunization**

**Emergency Contacts** [Edit Fields](#)

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**    
FirstName LastName

**Address**   Select a : ↓   
Address1 City State Zip

**Phone**

**Name of Contact #2**    
FirstName LastName

**Address**   Select a : ↓   
Address1 City State Zip

**Phone**

**Name of Contact #3**    
FirstName LastName

**Address**   Select a : ↓   
Address1 City State Zip

**Phone**

**Name of Contact #4**    
FirstName LastName

**Address**   Select a : ↓   
Address1 City State Zip

**Phone**

**Name of Contact #5**    
FirstName LastName

**Address**      
Address1 City State Zip

**Phone**

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 we are unable to reach you, we will contact the above-authorized people in the order listed. We **MUST HAVE** the following authorization signed to assure that immediate medical care can be given: **In case of serious illness or injury, I authorize any duly licensed physician or surgeon to administer necessary treatment to my daughter/son.**

**Do you authorize**  Yes  No \*

**Out Of State Contact**

**Name**    
FirstName LastName

**Phone**

**Relationship**

**Names of any person to whom your child should not be released**

**(If this person is the child's natural parent or legal guardian, you must provide supporting legal documentation; please read important notice below.)**

**IMPORTANT NOTICE**

If you indicated that there was a person or persons to whom we should not release your child, we will make every attempt to comply with this request. However, please also talk to your child about this issue, telling him/her with whom they should and should not leave. If somebody comes to get them who does not have permission to do so, tell your child that he/she should go to the teacher, to the Principal, or to another adult in the school. Please know that we do not have control over whom your child leaves with before or after school hours (unless in our Extended Care Program). Therefore, we need your child to let us know if the "wrong" person comes for them.

**If you have a restraining order against a particular person coming for your child, please supply our school with a copy of this order. We cannot deny a parent access to a child without this documentation.**

The purpose of adding this section to our Emergency Card is to help you protect the safety of your child, not to get involved in custody issues.

**Member of groups:**

School     Staff     K     1  
 2     3     4     5  
 6     7     8     8A  
 Include in following groups:  PTA     Grade Admin     Attendance Admin     8th Girls Softball  
 (Check all that apply)  Youth Group     Alumni 2013-2014     8th Math     8th Algebra I  
 Help Group     Help     View All Grades     3ADLA  
 Teachers

In class groups, except homeroom, render only resources with edit permission:  Yes  No

**Manage Login:**

Login Disabled :   
 LoginId:

**Profile Photos**

[\[Upload Photo\]](#)

**Member Associations:**

Name	Relationship	Privileges	Edit/Remove Association
Jacob Anderson <a href="#">[Update profile information]</a>	Father	Can edit this profile	<a href="#">Edit</a> <a href="#">Remove</a>
Marge Anderson <a href="#">[Update profile information]</a>	Mother	Can edit this profile	<a href="#">Edit</a> <a href="#">Remove</a>

[Click here to add new association](#)

Delete this Member