



# Student Registration Form

Office Use Only:
_____ Immunization/ Exemption Certificate
_____ Birth Certificate
_____
Church _____

Today's Date: \_\_\_\_\_

Legal Name (L,F,M) \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Entrance Grade Level: \_\_\_\_\_

Birth Date (DOB): \_\_\_\_\_

Resident District: \_\_\_\_\_

Birth City/State: \_\_\_\_\_

Resident School: \_\_\_\_\_

Birth Country: \_\_\_\_\_

Last School Attended \_\_\_\_\_

## Phone/Address Information:

### Lives With Contact #1:

Name: \_\_\_\_\_ Rel: \_\_\_\_\_

Language: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Type: \_\_\_\_\_

Phone #2: \_\_\_\_\_ Type: \_\_\_\_\_

Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Lives With Contact #2:

Name: \_\_\_\_\_ Rel: \_\_\_\_\_

Language: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Type: \_\_\_\_\_

Phone #2: \_\_\_\_\_ Type: \_\_\_\_\_

Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## MEDICAL

1. Special medical considerations (e.g. asthma, diabetes, etc.): \_\_\_\_\_

\_\_\_\_\_

2. \*Presently on any medications that must be taken at school? \_\_\_\_\_

**\*Authorization of Medications: The school will not dispense medications to students without parental permission. Please see student/parent handbook for Medical Guidelines**

3. Allergies (drug, food, bee stings?): \_\_\_\_\_

a. Describe allergic reaction: \_\_\_\_\_

4. Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

5. Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

**MEDICAL RELEASE**

In the event of an emergency, I, the undersigned parent/guardian do hereby authorize the district to obtain any medical care or hospitalization of my child, as they believe necessary for the welfare of my child. I do further authorize any medical doctor or hospital to provide any treatment believed necessary for immediate care of my child. I, the undersigned, agree to pay for such medical treatment and shall hold Monitor Old-Rite School harmless from any liability, claims, judgments, and costs incurred as a result of any such medical treatment or hospitalization.

**FIELD TRIP**

I give my permission for my child to make any and all field trips included in the planned program of the school. Transportation may be provided at the direction of the School District in such form as approved. I understand that notes will be sent home with my child regarding each trip and that I have the right at that time to request that my child not make the trip.

**ENROLLMENT AGREEMENT**

I/We \_\_\_\_\_ hereby enroll my child/our child for the current school year. This enrollment will be in effect for one calendar year from today's date. I/We have read and agree to abide by the terms of the student/parent handbook.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date