

STUDENT REGISTRATION INFORMATION FORM

PARENT E-MAIL _____

STUDENT'S LEGAL NAME _____ SOCIAL SECURITY NO. _____

ADDRESS _____
STREET CITY STATE ZIP CODE PHONE

COUNTY _____ MALE _____ FEMALE _____ LANGUAGE SPOKEN AT HOME _____

ETHNIC CODE: _____ WHITE/NON-HISPANIC _____ AMERICAN INDIAN/ALASKAN NATIVE _____ ASIAN/PACIFIC ISLANDER _____ HISPANIC _____ BLACK/NON-HISPANIC

ADDRESS MAIL TO: _____ STUDENT RESIDES WITH _____
MR./MRS./MS.STUDENT'S DATE OF BIRTH _____ STUDENT'S PLACE OF BIRTH _____
MO. DAY YEAR COUNTY CITY STATE

GUARDIAN (1) NAME _____ HOME ADDRESS (OTHER THAN STUDENT'S) _____

RELATIONSHIP _____ PHONE #1 _____

PLACE OF EMPLOYMENT _____ PHONE #2 _____

GUARDIAN (2) NAME _____ HOME ADDRESS (OTHER THAN STUDENT'S) _____

RELATIONSHIP _____ PHONE #1 _____

PLACE OF EMPLOYMENT _____ PHONE #2 _____

FOR EMERGENCY USE - UPDATE YEARLY

"ATTENTION PARENTS: MUST BE UPDATED AND SIGNED YEARLY."

IF UNABLE TO CONTACT PARENTS IN CASE OF EMERGENCY OR ILLNESS, WHOM SHALL WE CALL AND TO WHOM MAY WE RELEASE YOUR CHILD?

1. _____ PHONE #1 _____
 (Emergency Contact Person-OTHER THAN PARENT) PHONE #2 _____

2. _____ PHONE #1 _____
 (Emergency Contact Person-OTHER THAN PARENT) PHONE #2 _____

I GIVE PERMISSION FOR SCHOOL PERSONNEL TO DISPENSE THE INDICATED MEDICATION(S) IF NEEDED. **ELEMENTARY STUDENTS EXCLUDED--CHECK ALL THAT APPLY**
TYLENOL _____ 1 TABLET _____ 2 TABLETS
 IBUPROFEN _____ 1 TABLET _____ 2 TABLETS
 ANTACID _____ 1 TEASPOON _____ 2 TEASPOONS

OTHER CHILDREN IN THE FAMILY:

NAME	SCHOOL ATTENDING	GRADE

OTHER PERSONS LIVING IN THE HOME _____

RELATIONSHIP TO STUDENT _____

SCHOOL LAST ATTENDED
(If not District #427)NEW STUDENTS ONLY - HAS STUDENT BEEN ENROLLED
IN DISTRICT #427 BEFORE? IF SO, WHAT SCHOOL?

The above information is correct to the best of my knowledge

SIGNATURE OF PARENT OR GUARDIAN

DATE