

New Student Registration Form

(This form must be fully completed)

Name (first,mid,last) _____ Age _____ Grade _____ Birth Date _____

Social Security # _____ County of Residence _____ Home Phone _____

Place of Birth _____ Previous School _____

Bus Route Information:: Will Ride Route Bus _____ Will NOT Ride Route Bus _____

FAMILY INFORMATION

Parent Father _____

or

Guardian Mother _____

first

last

Primary Street Address _____ (911 address)

Primary Mailing Address _____

(box/street/rural route)

Town

Zip Code

Fathers Place of Employment _____ Work #: _____

Cell Phone # _____ E-mail Address _____

Mothers Place of Employment _____ Work #: _____

Cell Phone # _____ E-mail Address _____

If a child becomes injured or ill at school and you cannot be reached, will you give permission to get medical treatment, if we feel it is necessary. Yes _____ No _____

Name of hospital we can take your child in case of an emergency. _____

May we have your permission to transport you child by ambulance in case of an emergency. Yes ___ No ___

Doctor: _____ Phone: _____

Address _____

Dentist: _____ Phone: _____

Address: _____

Person to Contact if you cannot be reached: (in case of emergency/illness)

1st Person: Name _____ Phone _____

2nd Person: Name _____ Phone _____

The above named person(s) have agreed to accept this responsibility. Yes ___ No ___

In case of inclement weather and buses could not run, a town person to contact is: _____

and has agreed to accept this responsibility. Yes ___ No ___ Their phone number is: _____