

**SCHOOL DISTRICT OF RANDOM LAKE  
2018-19 Registration Form**

**Student's Information:**

Legal Name (Last, First, Middle): \_\_\_\_\_ Grade (Fall 2018): \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Student's Cell Phone: \_\_\_\_\_

Is student Hispanic or Latino? <input type="checkbox"/> Y <input type="checkbox"/> N	Select all that apply: <input type="checkbox"/> Amer Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African Amer <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
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Birth City & State: \_\_\_\_\_ Birth County: \_\_\_\_\_

**Previously Attended RLSD?**  Y  N *If NO, Last School Attended:* \_\_\_\_\_

**Student's PRIMARY Household:**

Primary Phone: \_\_\_\_\_ Preferred Home Language: \_\_\_\_\_

Primary Address (Street, City, Zip): \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

School District of Residence: \_\_\_\_\_

**Other Siblings (School Age or Younger) Living at Student's Primary Address:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

**Parent Information:**

**Mother's Name:** \_\_\_\_\_ *Legal Guardian?*  Y  N

*Does Student reside w/Mother?*  Y  N *If not, would Mother like to receive extra mailings?*  Y  N

*Is there a court order that denies Mother contact w/Student?*  Y  N **If Yes, please provide copy of Order.**

Mother's Address (if different than Primary): \_\_\_\_\_

Mother's Mailing (if different than above): \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Stepfather's Name: \_\_\_\_\_ Stepfather's Ph: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ *Legal Guardian?*  Y  N

*Does Student reside w/Father?*  Y  N *If not, would Father like to receive extra mailings?*  Y  N

*Is there a court order that denies Father contact w/Student?*  Y  N **If Yes, please provide copy of Order.**

Father's Address (if different than Primary): \_\_\_\_\_

Father's Mailing (if different than above): \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Stepmother's Name: \_\_\_\_\_ Stepmother's Ph: \_\_\_\_\_

**Guardian's Information (if applicable):**

Does Student reside w/Guardian?  Y  N

Guardian's Name: \_\_\_\_\_ Legal Guardian?  Y  N

Guardian's Address (if different than Primary): \_\_\_\_\_

Guardian's Mailing (if different than above): \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Guardian's Spouse: \_\_\_\_\_ Spouse's Ph: \_\_\_\_\_

**Emergency Contacts:**

Name of 1<sup>st</sup> Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Name of 2<sup>nd</sup> Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

AM Daycare/Sitter Name: \_\_\_\_\_ Phone: \_\_\_\_\_

PM Daycare/Sitter Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information:**

Primary Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Asthma  Diabetes  Epilepsy  Heart Disease

Allergies: \_\_\_\_\_

Physical Handicaps: \_\_\_\_\_

Significant Medical History/Other Issues: \_\_\_\_\_

Has your child received immunizations and/or boosters in the past year?  Y  N (if Y, please provide record)

I/We authorize school personnel to refer our child to our family doctor/dentist in the event we cannot be readily contacted and authorize the doctor/dentist to treat the child. If either our doctor/dentist or I/we cannot be reached and/or the situation is recognized by the attending adult as an emergency, I/we give the school permission to arrange transportation for the child to a medical doctor/dentist and/or medical facility. I/we agree to assume all costs involved, including possible ambulance fees.

\_\_\_\_\_  
Signature of Parent(s)/Guardian(s)

\_\_\_\_\_  
Date