SCHOOL DISTRICT OF RANDOM LAKE
2013-2014 REGISTRATION FORM

Student's Information

Legal Last Name _____ Legal First Name _____ Legal Middle Name _____

Grade (Fall 2013) _____ DOB _____ Gender _____ Is this student Hispanic or Latino? ☐ Yes ☐ No

Select one or more categories below that apply:

☐ American Indian/Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Home Phone Number _____ Birth City _____ Birth State _____

Student's Primary Residence

Street _____ City _____ Zip _____

Township of Residence _____ County of Residence _____ School District of Residence _____

Student's Mailing Address

Street _____ City _____ Zip _____

Mother's Information

Is Mother the Legal Guardian? ☐Y ☐N

Last Name _____ First Name _____ *Does Student Live w/Mother?* ☐Y ☐N

Street _____ City _____ State _____ Zip _____

Home Phone Number _____ Cell Phone _____ Work Phone _____

Employer _____ Email _____

Stepfather's Last Name _____ Stepfather's First Name _____ Stepfather's Daytime Phone _____

Does a Court Order Deny Mother Contact w/Student? ☐*Y* ☐*N* ***IF YES, PLEASE PROVIDE COPY OF ORDER.***

If Student Does NOT Live w/Mother, Would Mother Like to Receive Extra Mailings? ☐*Y* ☐*N*

Father's Information

Is Father the Legal Guardian? ☐Y ☐N

Last Name _____ First Name _____ *Does Student Live w/Father?* ☐Y ☐N

Street _____ City _____ State _____ Zip _____

Home Phone Number _____ Cell Phone _____ Work Phone _____

Employer _____ Email _____

Stepmother's Last Name _____ Stepmother's First Name _____ Stepmother's Daytime Phone _____

Does a Court Order Deny Father Contact w/Student? ☐Y ☐N ***IF YES, PLEASE PROVIDE COPY OF ORDER.***

If Student Does NOT live w/Father, Would Father Like to Receive Extra Mailings? ☐Y ☐N

CONTINUED ON BACK/NEXT PAGE

Guardian's Information (If Applicable) -

Last Name _____ First Name _____ Relationship _____

Is the Person Named Above is NOT Mother or Father, is the Person the Student's Legal Guardian? ☐Y ☐N ***IF YES, PLEASE PROVIDE COURT DOCUMENTATION.*** *Does Student Live w/Guardian?* ☐Y ☐N

Street _____ City _____ State _____ Zip _____

Home Phone Number _____ Cell Phone _____ Work Phone _____

Employer _____ Email _____

Spouse's Last Name _____ Spouse's First Name _____ Spouse's Daytime Phone _____

Emergency Contact Information – If you CANNOT be reached, whom would you like us to call?

Name of 1st Contact _____ Relationship to Student _____

Home Phone Number _____ Cell Phone _____ Work Phone _____

Name of 2nd Contact _____ Relationship to Student _____

Home Phone Number _____ Cell Phone _____ Work Phone _____

If applicable, please provide your child's before/after school daycare or sitter information:

AM Daycare/Sitter Name _____ Phone Number _____ PM Daycare/Sitter Name _____ Phone Number _____

Medical Information

Primary Doctor _____ Phone Number _____

Dentist _____ Phone Number _____

Preferred Hospital _____ Location _____

Please check all applicable: ☐ Asthma ☐ Diabetes ☐ Epilepsy – Seizures ☐ Heart Disease

Allergies: _____

Physical Handicaps: _____

Medical History/Other Issues: _____

Has your child received immunizations and/or boosters in the past year? ☐ Yes (please provide record) ☐ No

I/We authorize school personnel to refer our child to our family doctor/dentist in the even 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 _____