

Algoma School District Student Registration/Emergency Form

Student Information

Registration Fee: Please make checks payable to Algoma School District
K-8th Grade \$10.00 9th-12th Grade \$50.00

Student Start Date _____ Grade Level _____

Student's Name _____ Check One: Female Male
(Last) (First) (M.I.)

Address _____
(Street) (City) (State) (Zip)

DOB _____ Birthplace _____
(Month-Day-Year) (City) (State) (County) Primary Phone Number _____

Ethnicity: Part 1—Must choose one: Yes, Hispanic/Latino No, not Hispanic/Latino

Part 2—Must choose at least one: Choose one or more. You must select at least one. American Indian or Alaska Native Asian
Black or African American Native Hawaiian or Other Pacific Islander White

Father _____ Home Phone _____ Cell Phone _____
Address (If different than student address above) _____ Father's Employer _____
(Street) (City) (State) (Zip) Daytime Phone _____

Father's Email Address _____

Mother _____ Home Phone _____ Cell Phone _____
Address (If different than student address above) _____ Mother's Employer _____
(Street) (City) (State) (Zip) Daytime Phone _____

Mother's Email Address _____

Guardian Step-Father Step-Mother Other (Please check one that applies)

Guardian Name: _____
Home Phone _____ Cell Phone _____ Employer _____ Daytime Phone _____
Address (If different than student address above) _____ Email Address _____
(Street) (City) (State) (Zip)

With whom does this child reside? _____ Who has custody? _____

Please list those parents/guardians listed above who should receive school mailings.

Name: _____ Name: _____ Name: _____

Last School Attended _____
(Name of School) (Address) (City) (State) (Zip)

Does your child require any special education or other services? Yes No If yes, please explain:

Primary Language other than English: _____

Other children in household—ages birth to 19: (List DOB, check M or F)

(1) _____ DOB _____ M F (3) _____ DOB _____ M F

(2) _____ DOB _____ M F (4) _____ DOB _____ M F

Emergency Contact/Medical—In an EMERGENCY situation when we cannot reach you at home or at work, please list people who have agreed to take responsibility for your child.

Contact #1 Name _____ Relationship _____
Home Phone _____ Cell Phone _____ Work Phone _____

Contact #2 Name _____ Relationship _____
Home Phone _____ Cell Phone _____ Work Phone _____

Contact #3 Name _____ Relationship _____
Home Phone _____ Cell Phone _____ Work Phone _____

Guardian Alert

Is there someone who should NOT pick up your child at school? No Yes If yes, please explain:

Medical Treatment Release

Doctor Name _____ Phone _____

Dentist Name _____ Phone _____

Allergies: _____

Special Medical Considerations/Medical Alert Text: _____

If deemed necessary, your child will be sent to your family doctor or emergency room at parental/guardian's expense.

As a parent/guardian, I authorize medical personnel to render necessary medical treatment to my child and to release to the school the medical facilities to which my child is transferred to and/or admitted.

I give my permission to share the information on the Registration/Emergency Information sheet with appropriate Algoma School District personnel to promote the health and safety of my child, thus enhancing his/her ability to learn.

Parent/Guardian Signature _____ **Date** _____

Automobile Information (High School Students Only)

Car License # _____ Make _____ Model _____ Year _____

Color _____ Vehicle Insured: Yes No Insurance Company: _____