

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 (Last) (First) (M.I.) Circle One: Female Male
Address (Street) (City) (State) (Zip)
DOB (Month-Day-Year) Birthplace (City) (State) (County) Primary Phone Number

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

Part 2—Must choose one: Choose one or more. You must select at least one. American Indian or Alaska Native (Tribal Affiliation 1 Affiliation 2 Affiliation 3), 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 circle one that applies) me-

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, circle 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?  Yes  No 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 \_\_\_\_\_