



Algebra School District Student Registration/Emergency Form

Registration Fee: Please make checks payable to Algebra School District K-8th Grade \$10 9th –12th Grade \$50

Student Start Date _____ Grade Level _____ DOB _____ Circle One: Male Female

Student's Name _____
 (Last) (First) (M.I.)

Do you own/rent your own home? Yes No

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

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

Birthplace _____
 (City) (State) (County)

Primary Phone # _____ Primary language other than English: _____

Does your child require any Special Education or other services? Yes No

If yes, please explain _____

Ethnicity: Yes, Hispanic/Latino No, not Hispanic/Latino

If yes, please select: Decline to indicate, Unknown, Columbian, Ecuadorian, Guatemalan, Mexican, Puerto Rican, Salvadoran, Spanish, Other _____

Please select one or more: American Indian or Alaska Native (Tribal Affiliation 1 _____
 Affiliation 2 _____, Affiliation 3 _____), Asian, Black or African American, Native Hawaiian or Pacific Islander, White

Mother's Name _____ Email address _____

Address (if different than student) _____
 (Street) (City) (State) (Zip)

Home/Cell Phone _____ Daytime Phone _____ Employer _____

Father's Name _____ Email address _____

Address (if different than student) _____
 (Street) (City) (State) (Zip)

Home/Cell Phone _____ Daytime Phone _____ Employer _____

Guardian: Step-Father, Step-Mother, Other (please circle one that applies)

Guardian Name _____ Email address _____

Address (if different than student) _____
 (Street) (City) (State) (Zip)

Home/Cell Phone _____ Daytime Phone _____ Employer _____

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

Who listed above should receive school mailings? _____

Please list other children that live in the 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 work, please list people who have agreed to take responsibility for your child

Contact #1 Name _____ Relationship to child _____
Home/Cell Phone _____ Work Phone _____
Contact #2 Name _____ Relationship to child _____
Home/Cell Phone _____ Work Phone _____
Contact #3 Name _____ Relationship to child _____
Home/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 # _____
Preferred Hospital _____
Dentist Name _____ Phone # _____

Allergies _____

Special Medical Considerations/Medical Alert Text _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to make emergency care decisions for my child in his/her best interest at parental/guardian expense. Please note that preferred hospital may not be available.

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 form with the 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 _____

Vehicle Information (High School Only)

Car license # _____ Make _____ Model _____ Year _____
Color _____ Vehicle insured? Yes No Insurance Company _____