CCS_Form#15a_rev6

Grade: ____Homeroom:_____

Student Registration

PARENTS COMPLETE THIS FORM, SIGN, AND RETURN TO YOUR CHILD'S SCHOOL

STUDENT LEGAL NAME _____

BIRTH DATE _____ **RACE** _____ **ETHNICITY**_____ **GENDER** _____

MAILING ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

PHYSICAL ADDRESS_____

BUS # IN A.M._____ **BUS # IN P.M.**_____ **STUDENT CELL** _____

IS THIS STUDENT IN FOSTER CARE? Please circle YES or NO **IS THIS STUDENT A SINGLE PARENT?** Please circle YES or NO

NAME(S) OF PERSON WHO HAS LEGAL CUSTODY OF THE STUDENT?_____

EMAIL_____ PHONE (H) _____ (C)_____ (W)_____

MOTHER'S NAME _____EMAIL _____

ADDRESS_____ CITY_____ STATE/ZIP_____

Does Child live with mother? Please circle YES or NO PHONE (H) _____ (C)_____ (W)_____

FATHER'S NAME _____ EMAIL _____

ADDRESS_____ CITY_____ STATE/ZIP_____

Does Child live with father? Please circle YES or NO PHONE (H) _____ (C)_____ (W)_____

ADDITIONAL CONTACT PERSON _____ PHONE _____

Does Child live with this contact? Please circle YES or NO Relationship:_____

ADDRESS_____ CITY_____ STATE/ZIP_____

LIST ANY MEDICAL PROBLEMS OR CONDITIONS THAT YOUR CHILD HAS THAT THE TEACHER/SCHOOL SHOULD BE AWARE OF:

_____

IF YOUR CHILD ROUTINELY TAKES ANY MEDICATIONS, PLEASE LIST HERE:

_____

HAS YOUR CHILD EVER BEEN DIAGNOSED WITH FOOD, INSECT, OR MEDICATION ALLERGIES? _____ If yes, please list allergies here:_____

Is your child currently prescribed, by a physician/health care provider, an Epi-Pen or inhaler? _____If yes, you must provide the school with an asthma and or allergy action plan written and signed by the health care provider for the current school year.

DOES/DID YOUR CHILD HAVE AN IEP AT THIS OR ANOTHER SCHOOL? Please circle YES or NO . If yes, please sign here so we can request those records from the previous placement _____

Certain state mandated screenings are given each year to specified grades. If results are not within normal limits, you will be notified. To opt out of health screening you must notify the principal in writing.

STUDENT PICK-UP LIST

Dear Parent/Guardian,

To help complete our information on your child's protection, please complete this form. If anyone comes to pick up your child whose name is not one of the three contacts listed on the front of this document, they must have a permission slip with your signature and phone number where you can be reached to verify the pickup.

Please note that if there are custody papers in effect concerning your child/grandchild, please be sure the school office has a copy of that record. ***We can not release your child/student without verifying your permission****.*

STUDENT _____ GRADE _____SCHOOL_____

List anyone who is <u>NOT</u> to pick up your child/student:

_____

_____

_____

_____

_____

Parent/Guardian Signature Date

Please provide a phone number for permission verification_____