

Anderson School District #41 Registration Form

Student Name _____ Grade Level _____

Birth date _____ Ethnic Group _____ Gender _____

Parent/ Guardian # 1

Parent Guardian # 2

Name _____

Name _____

Address _____

Address _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

E-mail _____

E-mail _____

Student lives with: Parents Mother Father Other

Who has legal custody ? Parents Mother Father Other

May we put your child's picture on our web site if the opportunity should arise? yes no

May we print family's name, home phone and address in the school phone book ? yes no

Emergency Contacts: In the event of illness or emergency, and the parents/guardians cannot be reached, the following list of people are authorized to release _____ from school.

1. _____
Name phone # cell #

2. _____
Name phone # cell #

3. _____
Name phone # cell #

Parent/Guardian Signature

Date

See other side for Health Information

Student Health History

Allergies, specify _____ under MD treatment no yes

If a food allergy please specify which types _____

Epi- pen required no yes (if yes a medical care plan needs to be arranged through the school nurse)

Diabetes no yes date of onset _____

Epilepsy no yes date of onset _____

Asthma no yes Does your child need an inhaler at school ? no yes

Ear tubes no yes year inserted _____

Heart Condition, Specify _____

Surgery? _____

Other _____

Physical restrictions or health problems that may require special seating, bathroom privileges, etc _____

Special diet or food restrictions _____

Current medications:

Type _____ Dosage _____

Type _____ Dosage _____

Type _____ Dosage _____

Physician _____ Phone _____

Dentist _____ Phone _____

