

Please continue on the back side of this form

OTHER INFORMATION:

Housing situation: Shared Housing Shelter/Transitional Housing Unsheltered (Vehicle/Public Space) Hotel

Have you moved in the last 3 years for agricultural work? Yes No

CHILDREN LIVING AT HOME: (ages 0 to 18 years old)

Name	Birthdate	Gender	Name	Birthdate	Gender
		<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Male <input type="checkbox"/> Female

MEDICAL / ALLERGY INFORMATION:

School staff need to know when your child has a health problem for which he or she may require help during the school day. Remember to advise your school of any changes in information.

Does your child have a medical condition or allergies? No Yes, then please complete the details below

Details/Health Concerns: _____

Please include first and last name of the Doctor

Doctor Name	Doctor Phone Number

Preferred Hospital

MEDICATIONS TAKEN

Medications Taken	Taken For	Dosage

INSURANCE

Insurance Company	Policy Number	Policy Holder

In the case of a medical emergency district personnel may be required to call emergency services. I understand the school authorities will use their best judgment in determining emergency care and procedures. I also understand the district assumes no financial obligation for expenses incurred in carrying out emergency procedure and/or emergency transportation.

By signing this form I also authorize the release of educational records for the named student on this registration.

I further state that all information on both sides of this form is accurate to the best of my knowledge.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

