

VALE SCHOOL DISTRICT #84
REGISTRATION FORM

Grade _____

Date _____

Student's Legal Name _____ SS# _____
(Last) (First) (Middle)

Present Address _____ Telephone _____

Birthdate _____ Male / Female Birthplace _____

Name of Last School Attended _____

Address of Last School Attended _____

Father's Name _____ Cell # _____

Employer's Name _____ Phone _____

Mother's Name _____ Cell # _____

Employer's Name _____ Phone _____

Mother's Name if Re-Married _____ Marital Status _____

Step-Father's Name _____ Cell # _____

Employer's Name _____ Phone _____

Step-Mother's Name _____ Cell # _____

Employer's Name _____ Phone _____

Principal Language Spoken in Home: English _____ Spanish _____ Other _____

Is this student Hispanic/Latino? (Yes) (No) **Circle One**

What is the student's race? (American Indian or Alaska Native) (Asian) (Black or African American)

(Native Hawaiian or Other Pacific Islander) (White) **Circle One**

Student Now Living With (**Circle One**)

1. Both Parents or Parent/Step-Parent
2. Mother Only
3. Father Only
4. Other (Specify) _____

List **Names and Grades** of All Children in Family Enrolled in School (Oldest to Youngest)

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

EMERGENCY INSTRUCTIONS

In case of an emergency requiring immediate medical attention and the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements deemed necessary

*** _____
Parent or Guardian Signature

Physician's Name _____ Phone _____

Please list two relatives, friends, or neighbors (Preferably Vale residents) who will assume temporary care of your child if you cannot be reached. (We attempt to contact parents first, at home and at work)

Name _____ Phone _____
Relationship

Name _____ Phone _____
Relationship

MEDICAL INFORMATION

Please provide any information which you think we should know about your child's physical, mental, or emotional health which might affect school performance or require special consideration (Medications taken, limitations in activities, etc. _____

Allergies: (Insect Bites, Drugs, Food, Etc.) _____

Was this student receiving extra help in a Special Ed or Chapter 1 Program at previous school? Yes NO
Circle one please

Which program: _____

Parent e-mail address _____

IF ANY OF THIS INFORMATION CHANGES, PLEASE NOTIFY THE SCHOOL AS SOON AS POSSIBLE.