



Student Registration Emergency Information Form

Name: _____
Last First Middle Home Phone#

Student ID # _____ School _____ Grade _____

Student Transportation: Walks Car Rider Rides Bus

Permission Slip on file if student is a walker ? _____ Yes _____ No

Please list all school age siblings residing in the home who are currently enrolled in school and the school they attend:

Please indicate if your child is under a School Choice Request, and the school your child is zoned for:

____ Yes _____ No Zoned School _____

Mailing Address _____
Street/P.O Box/Rt. City State Zip

Residence Address _____
Street/P.O Box/Rt. City State Zip

Is this a change in address from last year? Yes No Email Address _____

Student's Date of Birth _____ Student's Birth Place _____

Student's SS# _____ Sex: Male Female

Student's Cell Phone# _____ Student's Work Location _____

Student's Email Address _____ Parent's Email _____

Ethnic/Race: CHECK ALL THAT APPLY.

Hispanic White Black Asian American Indian or Alaskan Hawaiian or Other Pacific Islander

Military Family Student: YES NO Does student live with: Both Mother Father

If student does not live with parent(s), name/relationship of guardian: _____

The enrolling parent/guardian must provide a certified court order indicating sole custody, or a restraining order, if they do not wish the other parent/guardian to have access to their child. Order on file in the school office? Yes No

Staff member name verifying receipt _____

Parent(s) Employment Information

Parent/Guardian Name #1 _____ Relation to Student _____

Parent/Guardian Phone#1 _____ Parent/Guardian Phone#2 _____

Parent/Guardian Name #2 _____ Relation to Student _____

Permission for non-school personnel to interview or photograph students?

Yearbook School Photo Public Media/Website/Video

Interview

Has your child ever been retained? YES NO

Has your child ever been enrolled in a Special Education or remedial education program? YES NO

Has this student ever been referred or received mental health services?

(SB 7030) YES NO

Has this student ever been enrolled in Hernando County Schools?

YES NO Name of last school _____

Has this student ever been enrolled in a Florida school other than

Hernando County? YES NO

If yes, name of school and county _____

Emergency Contacts: It is mandatory that the Emergency Number/Contact be provided. To serve your child in case of accident or sudden illness, it is necessary that you list those individuals other than parent(s)/guardian(s) who are authorized to pick up your student through the clinic/office. (Example: STEPPARENT, NEIGHBOR, OTHER RELATIVE, ETC.)

Name _____ Relationship to Student _____ Day Phone (____) _____ Ext. _____
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Name _____ Relationship to Student _____ Day Phone (____) _____ Ext. _____
Name _____ Relationship to Student _____ Day Phone (____) _____ Ext. _____

Doctors Name _____ Address _____ Phone# _____ Ext _____

Dentist's Name _____ Address _____ Phone# _____ Ext _____

(Check all that apply)

Wear Glasses ___ Yes ___ No Wears Contacts ___ Yes ___ No Special Medication _____

Allergies/Medical Problems _____

Does your child have any of the following health conditions? (Check all that apply)

___ Asthma (medication needed at school) ___ Allergy (Epi-pen required) ___ Diabetes (Type 1)

___ Asthma (no medication at school) ___ Allergy (No Epi-pen) ___ Diabetes (Type 2)

___ Heart Condition ___ Cancer ___ Sickle Cell Disease ___ Seizures/Epilepsy ___ Cerebral Palsy ___ Hemophilia

___ Cystic Fibrosis ___ Attention Deficit Disorder ___ Wears glasses

___ Other _____

Comments: _____

MEDICATION: Does your child require regular or emergency medication at school? NO YES

If yes, specify: _____

