

## **Student Registration Emergency Information Form**

Name:				
Last	First	Middle	Home F	Phone#
Student ID #	School			Grade
Student Transportation: Walks C	ar Rider ☐ F	Rides Bus		
Permission Slip on file if student is a walker	2 Vac	No		
Please list all school age siblings residing in			chool and the sch	ool they attend:
				_
Please indicate if your child is under a Scho	ol Choice Request	and the school your c	hild is zoned for	_
•		and the serieor your o		
Mailing AddressStreet/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 □ N	No Email Address_		
Student's Date of Birth	Stud	dent's Birth Place		
Student's SS#	Sex	c: Male Fe	male	
Student's Cell Phone#	Student's W	ork Location		
Student's Email Address	Pa	rent's Email		
Ethnic/Race: CHECK ALL THAT APPLY.				
□ Hispanic □ White □ Black □ Asian □ Am	erican Indian or Ala	askan □ Hawaiian or	Other Pacific Islar	nder
Military Family Student: ☐ YES ☐ NO	Does student l	live with:	th Mother	] Father
If student does not live with parent(s), name/re	elationship of guard	ian:	<del></del>	
The enrolling parent/guardian <u>must provide</u> a parent/guardian to have access to their child.				g order, if they do not wis
Staff member name verifying receipt	· · · · · · · · · · · · · · · · · · ·			

## Parent(s) Employment Information

Parent/Guardian Name #1		Relation to Student						
Parent/Guardian Phone#1Parent/Guardian Name #2	Parent/Guardian Phone#2							
Permission for non-school personi	nel 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								
Has this student ever been referre	d or received mental health services?							
(SB 7030)	NO							
Has this student ever been enrolle	ed in Hernando County Schools?							
☐ YES ☐ NO Name of last school	ol							
Has this student ever been enrolle								
Hernando County? ☐ YES ☐ N								
	ndatory that the Emergency Number/Cor	ntact be provided. To serve your child i	n case of accident or sudden illness, it is					
necessary that you list those indiv STEPPARENT, NEIGHBOR, OTH	iduals other than parent(s)/guardian(s) wh ER RELATIVE, ETC.)	no are authorized to pick up your stude	ent through the clinic/office. (Example:					
	Relationship to Student	Day Phone ()	Ext					
Name	Relationship to Student	Day Phone ()	Ext					
Name		Day Phone () Day Phone ()	Ext					
Name		Day Phone ( )	Ext.					
Name	Relationship to Student	Day Phone ()	EXT.					
Name	Relationship to Student	Day Phone ()	Ext					
Name	Relationship to Student	Day Phone ()	Ext					
Name	Relationship to Student	Day Phone ()	Ext 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 YesNo	Special Medication						
Allergies/Medical Problems								
Does your child have any of the	following health conditions? (Check a	ill that apply)						
Asthma (medication ne	eeded at school) Allergy (Epi-per	n required) Diabetes (Type 1)	)					
Asthma (no medication	n at school) Allergy (No Epi-per	n) Diabetes (Type 2)						
Heart Condition	Cancer Sickle Cell Disease	_ Seizures/Epilepsy Cerebral	Palsy Hemophilia					
Cystic Fibrosis A	ttention Deficit Disorder Wears	glasses						
Other								
Comments:								
	equire regular or emergency medication a	t school?						
If yes, specify:								

A <u>completed and sig</u> Comments: :	gned Medicati	on Authorization form must be	submitted to the scho	ool if medication is required.	
	t the school h	ealth professional if the studer	nt has a health cond	ition or requires care at schoo	)/***
Health Screenings f	or Students:				
Screening	Grades				
Vision (DOH-Hernando)	K, 1, 3, 6				
Hearing (DOH-Hernando)	K, 1, 6				
Height/Weight (DOH-Hernando)	1, 3, 6				
Scoliosis (DOH-Hernando)	6				
Hearing and Vision DOE-Hernando	K-5				
directly the persons nam on this form cannot be re I/We do authorize scho	ed on this form. I eached ool officials to trar	te officials of the Grace Education Act in the event parents, physician(s), or construction resport and to obtain, through a physicion may be deemed necessary in their ju	other persons named	nd well-being of the above student in	the course of school
activities or such travel.		h transportation and/or emergency ca		·	
Print Name of Parent	/Guardian	Signatu	ire	Relationship	Date
Medicaid Notification a	nd Consent:				
If my child is covered by	Medicaid and re	ceives services under an Individual E	ducation Plan (IEP), infor	mation may be used by the Grace Ed	ducation Academy LLC
to bill Medicaid for the fo	llowing: transport	ation, behavioral or health services (c	occupational, physical, sp	eech-language therapy, nursing, and	augmentative services) as
established on the IEP. I	EP services are p	provided at no cost, regardless of cons	sent. Parental consent ma	ay be withdrawn at any time. Any billi	ng authorization records disclosed
are available upon reque	est. If my child is	covered by Medicaid and receives ser	rvices under an IEP, I con	sent for the District to bill Medicaid fo	or those services provided.
Print Name of Parent	/C andian	Cianat		Relationship	- Data
Fillit Name of Farent	/Guarulari	Signatu	ne	Relationship	Date
Please return this form promassistance for your child sho		chool. School Policy requires a current emerise.	ergency number for all childre	n. Failure to do so may result in an unnece	essary delay in providing emergency
SCHOOL USE ONLY					
☐ Pick up	→ Walker	☐ Home Room teacher			