



2021-2022 Registration Card

Student's Name _____ M / F DOB _____ Grade _____

Home Phone _____ Mailing Address _____ Street Address _____

City _____ State _____ ZIP _____ Child resides with? Mother / Father / Both / Other _____

Mother _____ Mailing Address _____ Home Phone _____ Cell _____

Occupation _____ Employer _____ Work Phone _____ Email _____

Father _____ Mailing Address _____ Home Phone _____ Cell _____

Occupation _____ Employer _____ Work Phone _____ Email _____

Transportation: My child has my permission to travel to and from school with the following people:

Name: _____ Phone _____ Relationship _____

Name: _____ Phone _____ Relationship _____

Name: _____ Phone _____ Relationship _____

Name: _____ Phone _____ Relationship _____

Please note: Students may not leave the building with anyone not listed as an approved transportation person for that child.

2021-2022 Emergency Medical Release

Although our goal is direct communication with parents/families in all situations, that is not always possible.

In an emergency, if the school is unable to reach me, I/we give consent for emergency treatment to be given by:

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Medical Insurance _____ Policy # _____

Name of Insured _____ Relationship _____

Allergies: _____

If the doctor named cannot be reached or the situation requires immediate care, I understand that my child may be taken to (Preferred Hospital) _____ or the nearest emergency room by ambulance for treatment. I understand that parents are responsible for any incurred expenses.

EMERGENCY CONTACTS:

Name: _____ Phone _____ Relationship _____

Name: _____ Phone _____ Relationship _____

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____