



# 2024-2025 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.

## 2024-2025 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 signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_