

SCHOOL DISTRICT OF MANAWA REGISTRATION FORM 2017-2018

Student's full name: Last _____ First _____ Middle _____

Address where student lives: _____
(address) (city) (state) (zip)

Student mailing address: _____
(address) (city) (state) (zip)

Primary Phone Number: _____ Township: _____ County: _____
(number called with school alerts)

Date of Birth: _____ Gender: F M Grade: _____ Grad Year: _____

Birth City: _____ Birth County: _____ Birth State: _____ Birth Country: _____

Ethnicity/Race: Yes, my child is Hispanic or Latino _____ No, my child is not Hispanic or Latino _____
 American Indian or Alaska Native _____ Asian _____ Black or African American _____ Native Hawaiian or Pacific Islander _____
 White _____

	GUARDIAN #1	Guardian #2	Guardian #3
NAME			
RELATION TO STUDENT			
ADDRESS			
PRIMARY NUMBER (CALLED WITH SCHOOL ALERTS)			
DAY PHONE			
CELL PHONE			
EMPLOYER			
HAS CUSTODY (circle)	Y N	Y N	Y N
CAN PICK UP? (circle)	Y N	Y N	Y N
EMAIL ADDRESS			

Emergency Consent

If the school cannot contact parent, name a friend or relative in the area who may be called for illness or emergency:

	NAME	RELATIONSHIP TO STUDENT	PHONE (INCLUDING AREA CODE)
FIRST CHOICE			
SECOND CHOICE			

Student lives with (circle): Parents Mother Father Guardian Other _____

Comments regarding custody (must provide court documents if no contact with student): _____

Siblings and Others Living in the Household - First/Last Name and Date of Birth:

School/District last attended: _____ Date transferred out: _____

Retention Y N Grade _____

Expulsion Y N School District _____ Expulsion Date _____



Special classes (LD, ID, EBD Speech, Title 1) Y N Explain: _____

Health Alert: _____ Yes _____ No

Name the Condition: _____

Doctor _____ (name) _____ (phone) Dentist _____ (name) _____ (phone)

Hospital _____ (name) _____ (phone)

Pre-existing medical condition? _____

Currently on any medications? _____
(list medications)

Does your child wear glasses: _____ Yes _____ No

Does your child wear contact lenses: _____ Yes _____ No

Has your child been diagnosed with a condition which could impair his/her ability to learn? _____ YES _____ NO

Is there anything you would like to discuss with the school nurse? _____ YES _____ NO

Health Insurance Co.

Subscriber Name _____ Policy No. _____ Group No. _____

In the event of a medical emergency, during my absence, I hereby give consent for treatment, administration of anesthesia, and surgical intervention for my (son / daughter) _____ as deemed necessary by the attending physician. This consent is extended to the physician, nursing staff, and hospital and will remain in effect until revoked in writing by the undersigned. The parent's recommendation will be respected as far as possible. I understand that in the final disposition of an emergency, the judgment of school authorities and medical staff will prevail. Anytime the above information changes, I will notify the school. Completed information is to be confidentially shared with school staff as medically indicated.

Parent/Guardian Signature: _____ Date: _____