

# SCHOOL DISTRICT OF MANAWA REGISTRATION FORM 2018-2019

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 \_\_\_\_\_

	PRIMARY HOUSEHOLD		SECONDARY HOUSEHOLD (IF APPLICABLE)	
	PARENT/GUARDIAN	PARENT/GUARDIAN	PARENT/GUARDIAN	PARENT/GUARDIAN
NAME				
RELATIONSHIP TO STUDENT				
ADDRESS				
PRIMARY NUMBER (CALLED WITH SCHOOL ALERTS)				
DAY PHONE				
CELL PHONE				
EMPLOYER				
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			

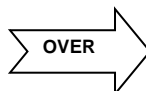
Student lives with (circle):      Parents      Mother      Father      Guardian      Other \_\_\_\_\_

Please attach custody court documents if applicable.

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

\_\_\_\_\_

\_\_\_\_\_



School/District last attended: \_\_\_\_\_ Date transferred out: \_\_\_\_\_

Retained Y N Grade \_\_\_\_\_

Expulsion Y N School District \_\_\_\_\_ Expulsion Date \_\_\_\_\_

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

Doctor \_\_\_\_\_ (name) \_\_\_\_\_ (phone) Dentist \_\_\_\_\_ (name) \_\_\_\_\_ (phone)

Hospital \_\_\_\_\_ (name) \_\_\_\_\_ (phone)

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, dentist, 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: \_\_\_\_\_