

STUDENT REGISTRATION/EMERGENCY FORM

08/22/14

Last Name First Name Middle Name Grade Entity BOLD Elementary

Gender: Birthdate: Other ID: Homeroom:

Fed. Race: American Indian: Asian: Black: Native Hawaiian: White: Hisp/Lat Ethnicity: -

Birth City: Birth State: Birth Country: Birth Country:

Mailing Information

Name: Address: City, State, Zip: Home Phone:

Mailing Address: Address: City, State, Zip: Home Phone:

Parent/Guardian #1: Second Phone #: Work Location: Parent/Guardian #2: Second Phone #: Work Location:

Parent/Guardian #1: Second Phone #: Work Location: Parent/Guardian #2: Second Phone #: Work Location:

Parent/Guardian #1: Second Phone #: Work Location: Parent/Guardian #2: Second Phone #: Work Location:

Parent/Guardian #1: Second Phone #: Work Location: Parent/Guardian #2: Second Phone #: Work Location:

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Parent/Guardian #1: Second Phone #: Work Location: Parent/Guardian #2: Second Phone #: Work Location:

Parent/Guardian #1: Second Phone #: Work Location: Parent/Guardian #2: Second Phone #: Work Location:

Alert Information

Hospital: Phone #: Hospital: Phone #: Hospital: Phone #:

Physician: Phone #: Physician: Phone #: Physician: Phone #:

Medical Information Phone #: Medical Information Phone #: Medical Information Phone #:

Contact Phone: Secondary: Contact Phone: Secondary: Contact Phone: Secondary:

Address: Email: Address: Email: Address: Email:

Emergency Contact 2: Relationship: Emergency Contact Relationship: Emergency Contact Relationship:

Contact Phone: Secondary: Contact Phone: Secondary: Contact Phone: Secondary:

Address: Email: Address: Email: Address: Email:

Emergency Contact 1: Relationship: Emergency Contact Relationship: Emergency Contact Relationship:

Emergency Contact Information Relationship: Emergency Contact Relationship: Emergency Contact Relationship:

Work Location: Relationship of Guardian to Student: Work Location: Relationship of Guardian to Student: Work Location: Relationship of Guardian to Student:

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*****Please make changes as necessary to the reverse side*****

Resident

BOLD/Open Enrolled

BOLD/Open Enrolled

BOLD/Open Enrolled

BOLD/Open Enrolled

(Circle one)

School Reach phone numbers: _____

(School Reach is for school delays, school closings, dismissals and notices)

Who is responsible for your children's lunch account? (Circle one) Both parents---Mother---Father---Legal Guardian

Other pertinent information:

What is your child(ren)'s (or your) race: Please mark initials in the Race box below.

American Indian (AI) or Alaska Native (AN)-(A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment)
Asian (AS)-(A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent).
Black (BL) or African American (AA)-(A person having origins in any of the black racial groups of Africa).
Native Hawaiian (NH) or Other Pacific Islander (OPI)-(A person having origins in any of the original peoples of Hawaii or other Pacific Islands).
White (WH)-(A person having origins in any of the original peoples of Europe, the Middle East or North Africa).

Student Name	Race	Ethnicity of Hispanic/Latino	Migrant	Primary Language
		Yes No	Yes No	English/Spanish/Other
		Yes No	Yes No	English/Spanish/Other
		Yes No	Yes No	English/Spanish/Other
		Yes No	Yes No	English/Spanish/Other

(Circle one)

(Circle one)

(Circle one)

Parent Signature _____

Date _____