

MELROSE-MINDORO AREA SCHOOLS

ENROLLMENT/EMERGENCY INFORMATION

SCHOOL YEAR _____

Confidentiality Laws Upheld

Please print in black/blue ink only!! Do not bend or fold.

Please complete and return to your child's school

Student's Name _____ Last First Middle Name _____ DOB _____

Place of Birth: _____ City County State

Address: _____ Check One M _____ F _____

Home Phone: _____ Student Cell Phone: _____

Enrollment Date: _____ Grade _____ Class: (ex: 2005) _____

Previous School Attended: _____ Address: _____

Student prefers to be called: _____ Locker no. _____ SSN: _____

Ethnicity: Is this student Hispanic or Latino? _____ No _____ Yes

Choose one of the following: _____ American Indian/Alaskan Native _____ Asian

_____ Black/African American _____ Native Hawaiian/Pacific Islander _____ White

Child resides with: _____ Father _____ Mother _____ Both _____ Step Parent _____ Foster Parent

(Please check all that apply) _____ Other: _____

FAMILY INFORMATION

FATHER

MOTHER

Name: _____ Address: _____ Township/County: _____ Home Phone: _____ E-Mail: _____ Cell Phone: _____ Employer: _____ Work Phone: _____ Work E-Mail: _____

* if applicable ADDITIONAL HOUSEHOLD INFORMATION (Step-Parent, Foster Parent, Etc.)

Relationship to Student: _____ Name: _____ Address: _____ Township/County: _____ Home Phone: _____ E-Mail: _____ Cell Phone: _____ Employer: _____ Work Phone: _____ Work E-Mail: _____

Do you want all mailings sent to both parents if living at different address: _____ yes _____ no If no please send to (circle one) mother father

If the parents are divorced, who has custodial rights? _____ Mother _____ Father _____ Joint _____ Other _____

If there is a legal document restraining an individual(s) from having contact with your child, you must submit a copy of this document to Building Principal/Office in order for the restraint to be followed. The document must list the name(s) of the individual(s) restrained and the relationship to your child.

Other Children Living In Your Household

Table with 4 columns: Full Name, DOB, Grade, Relationship. Includes four rows of blank lines for data entry.

EMERGENCY INFORMATION

TO PROVIDE A SOUND HEALTH AND SAFETY PROGRAM AND TO PREVENT DELAYS IN YOUR CHILD CARE IN CASE OF INJURY OR ILLNESS, PARENTS ARE REQUESTED TO PROVIDE THE FOLLOWING INFORMATION:

In case of an emergency, please call me first: (Number in order of preference)

___ Mother ___ Father ___ Both ___ Other: _____

List relatives or neighbors who will assume temporary care of your child if you cannot be reached:

Table with 3 columns: Name, Relationship to Child, Phone. Includes three rows of blank lines for entry.

IN CASE OF EARLY DISMISSAL, MY CHILD SHOULD: _____

HEALTH INFORMATION

Does your child have any of the following health conditions?

___ Diabetes ___ Heart Problems ___ Asthma ___ Allergies ___ ADD/ADHD ___ Seizure Disorder ___ Hearing Problems ___ Visual Problems ___ Skeletal Problems

Please Explain: _____

Is your child on medication? ___ Yes ___ No What Medication? _____

Will your child require administration of this medication at school? ___ Yes ___ No

Times _____ Medical Order _____

Last time your child was seen by a doctor? _____

Does your student wear glasses? ___ Yes ___ No Is your child left handed? ___ Yes ___ No

Is your child in Special Education? ___ Yes ___ No If yes, explain _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Hospital Preference: _____ Phone: _____

The above information may be shared as necessary.

In case of serious illness or injury and the school is unable to contact us, we authorize the school to call the physician indicated and follow his instruction. If the school cannot contact the physician above, the school may make whatever arrangements that seem necessary. The school district is not responsible for any medical expenses incurred on behalf of the student

Are there any Special medical, or emotional needs that the school nurse and/of staff should be aware of? _____

Signature of Parent/Guardian _____ Date: _____