

**MELROSE-MINDORO HIGH SCHOOL**  
**ENROLLMENT/EMERGENCY INFORMATION**  
**SCHOOL YEAR \_\_\_\_\_**

Please complete  
and return to the  
School Office

Confidentiality Laws Upheld

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: \_\_\_\_\_ One Way Miles to School: \_\_\_\_\_ Bus Driver: \_\_\_\_\_

Ethnicity (circle one): 1)White, 2)Asian/Pacific Islander, 3)Black, 4)Hispanic, 5)American/Alaskan Native

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 FAMILY 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**

Full Name	DOB	Grade	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## 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:

Name	Relationship to Child	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IN CASE OF EARLY DISMISSAL, MY CHILD SHOULD:** \_\_\_\_\_

\_\_\_\_\_

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## 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: \_\_\_\_\_