

MELROSE-MINDORO HIGH SCHOOL
ENROLLMENT/EMERGENCY INFORMATION
SCHOOL YEAR 2013-2014

Please complete
and return to the
High School Office

Confidentiality Laws Upheld

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

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): White - Asian or Pacific Islander – Black – Hispanic – 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: _____

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: _____