OCONTO FALLS AREA SCHOOLS ENROLLMENT/REGISTRATION FORM

(For Office Use Only) Oconto Falls Elementary _____ Abrams Elementary _____
Washington Middle School _____ High School _____ Homeroom Teacher _____

Student: _____ _____ _____ **Gender**: ____ **Grade**: _____
Last First Middle

Address: _____ **Phone**: _____ **Bus Rider**: _____
_____ **SSN**: _____ **Miles from School**: _____
Birth City/County/State _____ **DOB**: _____ **Town/City/Township of**: _____

Ethnicity: *Is student Hispanic or Latino*? __ No, not Hispanic or Latino __ Yes, Hispanic or Latino
Federal Race: *Check all that apply for your student*: __Am. Indian or Alaska Native __ Asian __ Black or African American
__ Native Hawaiian or Other Pacific Islander __ White

Student lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian ☐ Other:_____

Primary Parent/Guardian:

Name: _____ **Relationship**: _____
Address: Same as above.

Phone #: _____ Home
_____Work
_____Cell

Email Address: _____
Employer: _____

Name: _____ **Relationship**: _____
Address: Same as above.

Phone #: _____ Home
_____Work
_____Cell

Email Address: _____
Employer: _____

Marital Status: _____ (M-Married, D-Divorced, S-Single)

Secondary Parent/Guardian:

Name: _____ **Relationship**: _____
Address:

Phone #: _____ Home
_____ Work
_____ Cell

Name: _____ **Relationship**: _____
Address:

Phone #: _____ Home
_____Work
_____Cell

Should Second Parent/Guardian receive report cards? Yes No

If divorced or separated, please state any special circumstances relating to the custody of your child: _____
_____

Household members not listed above, starting with oldest:

Name (First & Last)	Sex	Birthday	School/Grade

Please Note: Make sure all adults in the household (that will take responsibility for your child's welfare) are listed somewhere on this form. ***Brothers*** and ***sisters*** are not automatically authorized to pick up your child from school. ***You must call ahead of time or list them***. _____
_____

BUSING INFORMATION

Pick-up address _____

Drop-off address _____

CONTINUED ON REVERSE SIDE

04/18/2012

EMERGENCY / HEALTH HISTORY

Child's Name _____

EMERGENCY CONTACTS: ***(Someone other than yourself who can pick up your child if needed.)***

1st Person to Call:

Name: _____

Phone #: _____ Home
_____Work
_____Cell

Relationship to Student:
_____

2nd Person to Call:

Name: _____

Phone #: _____ Home
_____Work
_____Cell

Relationship to Student:
_____

3rd Person to Call:

Name: _____

Phone #: _____ Home
_____Work
_____Cell

Relationship to Student:
_____

4th Person to Call:

Name: _____

Phone #: _____ Home
_____Work
_____Cell

Relationship to Student:
_____

Physician's Name: _____ **Physician's Phone #:** _____

Preferred Hospital: _____

Medical Alerts/Allergies: ☐Yes ☐No Please describe: _____

_____

Daily Medications? ☐Yes ☐No Name of Medication: _____

If emergency treatment is required and the parent/guardian cannot be reached, school authorities will use their best judgment in seeking emergency care.

_____ _____
Student Signature Date

_____ _____
Parent Signature Date

Please note: The school can no longer administer "school supplied" Tylenol, ibuprofen, etc.

<u>Other Important Information:</u>

School and grade child previously attended: _____

Address:_____

Does your child have any Special Education needs? ☐Yes ☐No
Has your child ever been in an At-Risk Program at another school? ☐Yes ☐No
Has your child been involved in Gifted/Talented program(s)? ☐Yes ☐No