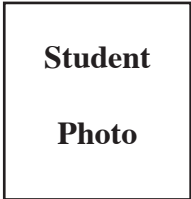


Elementary School Registration Information
School Name _____
Date _____



STUDENT INFORMATION

Student's name _____ Grade _____ Teacher _____
(Last) (First) (Middle)

Sex: Male Female Date of Birth _____ Social Security number _____

Race: White Black Asian Hispanic American Indian Multi-racial

Name of school student last attended _____ City _____ State _____

Has student ever attended a Columbus school? Yes No If yes, give year & name of school _____

Has student ever been served by a special education program? Yes No Gifted Education? Yes No

What was the language(s) the student first learned to speak? _____

What language(s) does the student speak at home? _____ What language(s) does the student speak most often? _____

PARENT/LEGAL GUARDIAN INFORMATION

Father/Legal guardian _____

Home phone _____ Cell phone _____ E-mail: _____

Employer _____ Work phone _____

Mother/Legal guardian _____

Home phone _____ Cell phone _____ E-mail: _____

Employer _____ Work phone _____

Street address of parent: _____ Zip _____

Parent/Guardian in military service? Yes No Parent/Guardian a civilian employee of U.S. Government? Yes No

Name of person with whom student lives _____

Relationship to student: Parent Legal Guardian Foster Parent Relative Friend Other (*Specify*) _____

May the student be checked out by both parents? Yes No

TRANSPORTATION - Check all that apply

Bus (include bus #) _____ Car rider Walker Before School Program After School Program

Day Care (include Day Care name) _____ Day Care phone no. _____

FIELD TRIP PARENTAL AUTHORIZATION

Name of student _____ has my permission to attend all field trips scheduled for this school year. If for any reason I do **not** want my child to attend a particular field trip, I will notify the school.

EMERGENCY CONTACT *Please indicate an individual other than yourself*****

Name _____ Home phone _____

Work phone _____ Relationship _____

CHILD MAY BE CHECKED OUT BY THE FOLLOWING PEOPLE *indicate individuals other than registering person*****

Name Home Phone Work Phone Relationship to Student

Student's Name _____

<i>Office Use Only</i>	
SS#	Birth Certificate
Immunization	Proof of Residency
EED	

SIBLING INFORMATION: Brothers and sisters 18 years of age or under:

<u>Name</u>	<u>Birthdate</u>	<u>School, or reason if not in school</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

STUDENT HEALTH RECORD

Special Health Problems (Check all that apply and explain below):

Drug Allergy (name of drug) _____ Heart Condition (type) _____

Food Allergy (name of food) _____ Kidney Problem (type) _____

Insect Sting Allergy (type of insect) _____ Physical Handicap (type) _____

Other Allergies _____

ADD/ADHD	Asthma	Diabetes	Epilepsy/Seizures	Glasses	Braces	Hearing Aid
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Does student have a disability? Yes No Does student require medication routinely? Yes No

List any and ALL medications student is presently taking _____

Reason for medication _____

Has student been hospitalized in the past five years? Yes No Explain: _____

Is there a medical reason which prohibits this student's participation in physical education? Yes No If yes, please supply a doctor's statement for school files.

Name of family doctor _____ (Last name and initials) Doctor's phone number _____

May the Registered Nurse/Clinic Worker contact your child's physician regarding child's health care needs if necessary? Yes No

In the event of an emergency, a representative of the school has permission to call the doctor listed above if the parent/legal guardian cannot be reached. Yes No

The school has permission to call an ambulance to transport my child to the hospital in an emergency if the parent/legal guardian cannot be reached. Yes No If yes, specify the hospital you would like your child to be transported to in an emergency.

Martin Army Hospital	Doctor's Hospital	Medical Center	St. Francis
Columbus Health Clinic	Medical Center Outpatient Clinic	Other _____	

The school has permission to screen my child's vision and hearing as a part of his/her educational evaluation. Yes No

The following question is optional. It is being asked in order to provide you with health insurance information:

Does your child have health insurance coverage (ex: Medicaid, Peachcare, Tri-Care, Blue Cross, etc.)? Yes No

Signature of Parent/Legal Guardian

Date