

STUDENT HEALTH INFORMATION

Does your student have any health or medical problems? Yes No
Health questionnaire required for all students.

Does your child require medication at school? Yes No
If yes, medication form required. See school office personnel

Do you have Health Insurance? Yes No

Insurance Co: _____ Policy #: _____

Please read and initial the following statements:

I give my consent for my child to be released to me or my spouse or to the friend/relative I have designated and/or to be taken by ambulance to the nearest hospital in case of emergency.

I understand that **Tillamook School District does not provide accident medical/dental coverage for students** for injuries/illnesses occurring at school. I understand that I may voluntarily purchase a student accident insurance plan.

I further acknowledge that I am financially responsible for medical, dental, ambulance, or other health care expenses or transportation of my child home, which might occur as a result of such illness or injury.

Last School Attended: _____ City: _____ State: _____

Sibling Name: _____ Grade _____ Sibling Name: _____ Grade: _____

RELEASE/PUBLICATION OF DIRECTORY INFORMATION

Please see Student/Parent Handbook, Annual Notifications. The school **must be notified within 15 days of this notice** if you do not want your student's directory information published.

ETHNICITY/RACE - Please answer both #1 and #2:

1. Hispanic/Latino Not Hispanic/Latino

2. American Indian/Alaska Native Asian Black/African American Native Hawaiian/Pacific Islander White

HOME LANGUAGE

Home Language Survey	English	Spanish	Other
1. Which language did <u>your child</u> learn when he/she first began to talk?			
2. Which language is most often <u>spoken by the adults</u> at home?			
3. In what language do you prefer verbal and written communication from the school?			

I certify that the information above is, to my knowledge, true and accurate:

Parent Signature: _____ Date: _____

School Year _____

Registration Card

Please print clearly, and return to the main office

STUDENT INFORMATION

Student's Grade Level K 1

Student's LEGAL Name: _____
Last Name First Name Middle Name

Student's PREFERRED Name: _____

Birthplace: _____ Birthdate: _____ Age: _____ Male Female

Proof of birth date must be provided (new students only)

Office use only: Vital Record/Birth Certificate _____ Hospital Record _____ Hospital Certificate _____ Other _____

Student Lives With: Name: _____ Relationship: _____ Name: _____ Relationship: _____

Office Use Only	
Student I.D. No.:	_____
Enrollment Date:	_____
Graduation Year:	_____
Teacher:	_____
Status:	_____ <input type="checkbox"/> Fees Paid
<input type="checkbox"/> Student/Parent Handbook Given	

PRIMARY ~ PARENT/GUARDIAN Same address/phone as student
1. Name: _____
Relationship: _____
Address: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Work Phone: _____
Cell Phone: _____
Email: _____
<input type="checkbox"/> Check if parent/guardian is a member of the Armed Forces on active duty or full-time National Guard.

SECONDARY ~ PARENT/GUARDIAN Same address/phone as student <u>unless noted</u>
1. Name: _____
Relationship: _____
Phone Number: _____
Work Phone: _____
Cell Phone: _____
Email: _____
<input type="checkbox"/> Required if address/phone is different from student:
Address: _____
Mailing Address: _____
City, State, Zip: _____
<input type="checkbox"/> Check if copy of correspondence is needed

If Parent/Guardian cannot be reached, Student <u>may</u> also be released to:
2. Full Name: _____
Phone/Cell: _____
Relationship: _____
3. Full Name: _____
Phone/Cell: _____
Relationship: _____
4. Full Name: _____
Phone/Cell: _____
Relationship: _____
5. Full Name: _____
Phone/Cell: _____
Relationship: _____
Student <u>may not</u> be released to: (if applicable)
Full Name: _____
Relationship: _____
Full Name: _____
Relationship: _____