



**NEW STUDENT REGISTRATION FORM**

Student's Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
First Middle Last

Class(circle) HSJam HSJpm KCam KCpm ECFE \_\_\_\_\_(other) Male/Female (circle)

Ethnicity: Hispanic/Latino Y N Race: \_\_\_\_\_ Home Phone \_\_\_\_\_  
 (American Indian/Alaska Native, Asian, Black or African American, Native Hawaiian or Pacific Islander, White)

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Enrollment Date \_\_\_\_\_ Registering adult \_\_\_\_\_

Parent/Guardian/Foster Parent/Other Relative (circle) Male/Female (circle)

Required Pathway I or II only

Number of people in household \_\_\_\_\_ Household Income \_\_\_\_\_

For Office Use Only

School Year 2018-19

Program Name 1

Immunizations up to date \_\_\_\_\_

ECSE or Delay \_\_\_\_\_

Interpreter Assistance \_\_\_\_\_

Class Count \_\_\_\_\_

Screening Date \_\_\_\_\_

District 2396 Type 1

Fee Status \_\_\_\_\_

Funding Source \_\_\_\_\_

Classroom Volunteer \_\_\_\_\_

Pathway I or II

In case of any emergency, our procedure will be to contact the parent at home or at work. No students will be sent home without parent permission. The school must be notified if any changes occur (address, telephone, doctor, etc.) during the school year. Please call(320)244-4693 with this information. This information keeps our records up to date and speeds emergency care according to your wishes.

Student lives with: \_\_\_both parents \_\_\_mother \_\_\_father \_\_\_blended family

Mother's Employer\_\_\_\_\_Phone\_\_\_\_\_

Father's Employer\_\_\_\_\_Phone\_\_\_\_\_

Emergency contact/Relationship\_\_\_\_\_Phone\_\_\_\_\_

Emergency contact/Relationship\_\_\_\_\_Phone\_\_\_\_\_

Doctor/Clinic\_\_\_\_\_Phone\_\_\_\_\_

Hospital Preference\_\_\_\_\_Phone\_\_\_\_\_

Daycare\_\_\_\_\_Phone\_\_\_\_\_

Brothers and Sisters in ACGC School District - List names and grades

\_\_\_\_\_  
\_\_\_\_\_

HEALTH INFORMATION: Please list any major illness, operations, injuries or health concerns your child may have:\_\_\_\_\_

Are there any restrictions of his/her activities?\_\_\_\_\_

Has a physician ordered the restrictions? If so, whom?\_\_\_\_\_

Any medications and why?\_\_\_\_\_

(If medication needs to be taken at school, please contact the school nurse. Forms must be completed before medications can be given to students.)

*I authorize the school nurse to share my child's health concerns or medical diagnosis with appropriate school staff. I authorize ACGC Schools to obtain immediate medical care for the above child in case of an emergency.*

Parent/Guardian Signature\_\_\_\_\_Date\_\_\_\_\_