

# SCHOOL DISTRICT OF FLAMBEAU

## Registration Information

Today's date:		Student: First/ <b>Middle</b> /Last		
Birthdate	Birthplace	Ethnicity:	Gender	Grade/Homeroom
Physical Address: Street City/State/Zip			Telephone	
Mailing Address: P.O. City/State/Zip			Miles from school (one-way)	
<b>One parent's email address:</b>				

**PARENT/GUARDIAN:** Please indicate in right margin in what order we should contact parent/guardian/other in case of emergency.

Father:	Lives w/child: Yes No	Address:	Employer:	Phone: W: C: H:
Mother:	Lives w/child: Yes No	Address:	Employer:	Phone: W: C: H:
Step-Parent/Guardian:	Lives w/child: Yes No	Address:	Employer:	Phone: W: C: H:

**SIBLINGS:** Please list only **younger siblings not yet in school for our census information.**

Name	DOB	Gender	Name	DOB	Gender

**HEALTH:**

Does your child have any health conditions or allergies? Yes No If yes, please describe.
Does your child take medication DAILY at home? Yes No If yes, what kind?
Do you have medical health care coverage? Yes No

**EMERGENCY CONTACT:** In case of an emergency or illness, EVERY effort will be made to contact Parent/Guardian/Other as listed above, at home or at work. If we can not reach them, we will call the emergency numbers listed below. **Please list two other than above.**

Name:	Relationship:	Phone: W: C: H:
Name:	Relationship:	Phone: W: C: H:

I give consent for necessary emergency medical treatment for my child while he/she is at school or involved in extracurricular activities and trips. I further agree that if my child receives medical treatment and/or is hospitalized, his/her name shall be released to school district officials upon their request.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_