

Twin Ridges Elementary School District Registration Application ~ 2017-2018 School Year

School: _____

Student ID # _____

To be completed by the school

Pupil's Legal Last Name Pupil's First Name Birth Date Grade Male/Female

(Nickname) Middle Name Other Last Name Used Birth Place (City) Birth State

Mailing Address: Street or PO Box City Zip Home Phone Cell

Residence Address: Street Address (No PO Box) City Zip County of Residence School District of Residence

I certify under penalty of law, that the above residence address is my primary residence.

Parent/Guardian (Full Name)	Name of Employer	Occupation	Work Phone	E-mail Address	Living With
Father:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Mother:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Step Parent:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Or Guardian:					<input type="checkbox"/> Yes <input type="checkbox"/> No

***Legal Restrictions Are: (A Current Signed Court Order Must Be Provided)** *Court Order on file at school Yes No

Name of Siblings	Brother	Sister	Year Born	School Currently Attending	Adults Other Than Parents Living In Home	Relationship To Student

If the school cannot contact you in an emergency, please name a local sitter, friend, relative or neighbor who may be called if your child is ill or injured. Your child will be released only to these people.

Name: _____ Phone: _____ Relationship: _____

Name _____ Phone: _____ Relationship: _____

<p>Physician' Name: _____ Phone: _____</p> <p>My child takes the following Medication: _____</p> <p>Describe any health conditions, restrictions, or medical treatment (food allergies, other) the School should be aware of : _____</p>	<p>I understand the school may call an ambulance and/or seek medical treatment for my child at my an emergency or if parent emergency contacts are not available. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I understand the school does not provide medical or accident insurance for individual students. I also understand that school insurance is available at parent expense. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Signature of Parent/Guardian: _____

Date: _____