

Genesee School District Registration & Emergency Information Form

(FULL LEGAL NAME information must include First, Middle and Last with suffix if applicable. No nicknames or shortened formal names. Thanks.)

STUDENT INFORMATION:

STUDENT FULL LEGAL NAME _____ GRADE _____

STUDENT DATE OF BIRTH (MO/DAY/YEAR) _____ GENDER male female

MAILING ADDRESS _____

PHYSICAL ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIPCODE _____

HOME PHONE _____ STUDENT Cell (Optional) (_____) _____

PARENT / LEGAL GUARDIAN INFORMATION: (*Please include area code for all phone numbers.)

FULL LEGAL NAME	Relation	Home Phone	Work Phone	Cell Phone	Address mailing / city	Student lives with Y or N

RACE & ETHNICITY: (Please answer both questions. **If left blank**, the school will use observer identification to complete)

1. The student is of Hispanic/Latino ethnicity. Yes No

2. The student is of the following race(s) (please select at least one of the options listed below):

American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White

LANGUAGE – If the student’s primary language is other than English, please indicate that language: _____

LEGAL DOCUMENTS: (i.e., Power of Attorney, Restraining Order, Child Custody, etc.) If your student has legal documents that pertain to child contact at school, please check here _____. (Note, all court documents must be from an Idaho court, current, renewed annually and maintained in the student’s file.)

EMERGENCY CONTACTS: (Please list in contact preference order.) Please insure the numbers listed below are daytime contact numbers with area code. The person we contact should be no more than 45 minutes from school.

Name	Relation	Phone	Alternate Phone	May pick-up child?

MEDICAL RELEASE: If I (parents or legal guardian) cannot be personally contacted, I hereby authorize any hospital, licensed physician and/or my child’s personal physician to administer emergency treatment to my child in case of accidental injury or sudden severe illness. This release covers the student at school, on field trips or any schools-sponsored activity.

Signed _____ (Parent or Legal Guardian) Date _____

My student’s physician is: _____ Phone _____

Allergies: _____ Chronic conditions _____

Medication taken regularly _____

NEW STUDENTS: *Previous school of attendance (Name/City) _____
Student was enrolled in special services (Please circle: Spec. Ed.; Title I; Gifted and Talented; other ____)