

Legal Last Name _____ First Name _____ Middle Name _____ Grade _____ Gender _____ Date _____

Student ID# _____ Birthdate _____ Birthplace _____ Locker _____ Bus _____

Ethnicity: Hispanic or Latino Yes No
must choose one

Race: Black Native Hawaiian or Other Pacific Islander
choose all that apply White American Indian or Alaskan Native
 Asian

Home Address	Mailing Address	Home Phone
Student Cell		

Parent/Guardian Information

Name of Parent/Guardian	Relationship	Resides with Yes / No	Contact Priority 1/2/3
Address	Home Phone	Cell Phone	
		Work or Duty phone	
Employer	Rank if military	Civilian Employee on a Military Installation	Yes / No
Email address		Send automatic grade reports via email	Yes / No

Name of Parent/Guardian	Relationship	Resides with Yes / No	Contact Priority 1/2/3
Address	Home Phone	Cell Phone	
		Work or Duty phone	
Employer	Rank if military	Civilian Employee on a Military Installation	Yes / No
Email address		Send automatic grade reports via email	Yes / No

Name of Parent/Guardian	Relationship	Resides with Yes / No	Contact Priority 1/2/3
Address	Home Phone	Cell Phone	
		Work or Duty phone	
Employer	Rank if military	Civilian Employee on a Military Installation	Yes / No
Email address		Send automatic grade reports via email	Yes / No

Name of Parent/Guardian	Relationship	Resides with Yes / No	Contact Priority 1/2/3
Address	Home Phone	Cell Phone	
		Work or Duty phone	
Employer	Rank if military	Civilian Employee on a Military Installation	Yes / No
Email address		Send automatic grade reports via email	Yes / No

If a parent/guardian can't be reached, the individuals listed below are authorized to pick up my child from school or be contacted in case of illness or emergency.

Name	Relationship	Cell/Day Phone
Emergency Contact 1		
Emergency Contact 2		
Emergency Contact 3		

Other children in School District #193

Name School Grade Gender

Special Instructions *Please list any special instructions or concerns you have regarding your student. Ex: Custody concerns*

Health Concerns *The school should be aware of any unusual problems your child may have. Please list any physical/health conditions which your child may have below. All information will be kept for use in an emergency only.*

Food Allergies, if any:

Does student wear glasses/contacts? Yes / No

Does student wear a hearing aide? Yes / No

Will student take medication at school? Yes / No

If yes, District Medication Authorization Form must be completed.

Has the student had chicken pox? Yes / No

If yes, indicate approximate date.

In Case of emergency and neither parent can be located, the school has my permission to have the child moved to a hospital? Please Initial Yes _____ No _____

New Students Only *Please provide information about the last school attended.*

School City, State

Has student ever attended other schools in the Mountain Home School District? Yes / No

If yes, which school?

Signature, Parent/Guardian _____ **Date** _____