

LeRoy Junior/Senior High School

2019/2020 Student Registration Information Form

Student: _____ Date: _____

(Please provide full name - first, middle and last)

Gender: _____ Birthdate: _____ 2019/2020 Grade: _____ Bus Rider: Yes No

Home Phone #: _____ Home Address: _____ County of Residence: _____

Birth City: _____ Birth State: _____ Birth County: _____

Student Cell Phone Number (emergency use): _____

Mother/Guardian: _____ Father/Guardian: _____

Mother Address: _____ Father Address: _____

Mother/Guardian Work Place: _____ Father/Guardian Work Place: _____

Mother/Guardian Work Phone: _____ Father/Guardian Work Phone: _____

Mother/Guardian Cell Phone: _____ Father/Guardian Cell Phone: _____

e-mail address: _____ e-mail address: _____

1st Emergency Contact: _____ 1st Emergency Phone #: _____
 (Person other than parent/guardian) (Number other than home phone)

2nd Emergency Contact: _____ 2nd Emergency Phone #: _____
 (Person other than parent/guardian) (Number other than home phone)

Health Notes: _____

I agree that this information may need to be shared with other school personnel for proper handling of procedures related to these conditions.

Sibling(s)/Grade/age (if not in school) _____

Ethnic Background: White Black Hispanic Sibling(s)/Grade/age (if not in school) _____

Asian/Pacific Islander Native American Sibling(s)/Grade/age (if not in school) _____

TRANSPORTATION: If transportation is needed for our child in case of illness or injury, we agree that he/she be transported in a privately owned car or commercial vehicle.

MEDICAL TREATMENT: I hereby give the administration of LeRoy C.U.S.D. #2 authorization on my behalf to consent for emergency medical treatment of my son/daughter _____ in my absence. This authorization is valid while my child is attending school or a school sponsored activity.

PHYSICIAN: If, in the judgment of the school authorities, a physician is needed and we (the parent/guardian) cannot be contacted, the school is directed to call:

Doctor: _____ Doctor Phone/Address _____

HOSPITAL CALL: In case hospitalization is needed, you may transport the ill or injured child to the following hospital if it is possible for him/her to be cared for there. We grant permission for transportation by ambulance, privately owned car, or commercial vehicle.

Hospital: _____ Hospital Phone: _____

Dentist of Choice: _____ Dentist Phone: _____

Parent Signature (Required): _____ **Date:** _____