

SELMER ELEMENTARY SCHOOL
STUDENT REGISTRATION FORM
GRADE _____
TEACHER _____

Name that student goes by: _____

Student's Name _____

(911) Address: Last _____ First _____ Middle _____

Street Address _____ City _____ State _____ Zip _____

Student's Birth date _____ Race _____ Sex _____ SS# _____

(Optional)

Home Phone _____ Cell/Beeper Number _____

Father's Name _____ Work Place/Number _____

Mother's Name _____ Work Place/Number _____

Who has legal custody of the child? **(Circle One)** Both Parents Mother Father Other
If you checked "Other" what is the relationship to the child? _____

Legal documents must be submitted to SES Office before child can attend school.

Name and Address of Last School Attended _____ Bus Driver's Name _____
Bus Number _____

Number of miles you live from school: _____

Other contact numbers: Name: _____ Number: _____
List those who have Name: _____ Number: _____
Permission to pick Name: _____ Number: _____
up your child Name: _____ Number: _____
Name: _____ Number: _____

Please complete the following information so that we can better serve your child's educational needs:
Please check Yes or No on each of the information below:

Does your child currently attend speech class? _____ Yes _____ No

Are there any restrictions of who can pick up your child? _____ Yes _____ No

Is your child currently enrolled in any resource or self contained Special Ed. Class? _____ Yes _____ No

In accordance with Board Policy, some form of punishment will be administered in the event that a student is referred to the school office.

In the event that your child is brought to the office for any disciplinary problems, please check **one (1)** of the following:

_____ I approve for the SES office to administer corporal punishment.

_____ I do not approve for the SES office to administer corporal punishment.

PLEASE SIGN: _____

Date: _____

MEDICAL AND EMERGENCY INFORMATION

Physician _____
Name Address Phone Number

Does your child have any physical, medical, or allergy problems that the school should be made aware of?
___ Yes ___ No

If Yes, please explain: _____

Does your child have any medications that should be taken at school? ___ Yes ___ No

If Yes, please list all medications, dosage, etc.: _____

Does your child take any medications on a regular basis at home? ___ Yes ___ No

If yes, please list medication & any medical information that the school should be made aware of: _____

I. In case of an accident or sudden illness, I hereby authorize a representative of the school to call 911 or transport the above named student to the nearest emergency room or medical facility for treatment. My signature further indicates that I give my permission for the medical facility to treat my child of such illness or accident that may arise during the school current school term.

SIGNATURE _____ DATE: _____
PARENT/LEGAL GUARDIAN

II. In case of an emergency as may require law enforcement or mental health intervention, as evaluated by principal/designee, I authorize the principal/designee to call the health crisis intervention team or law enforcement if I cannot be reached in a timely manner. This permission is hereby granted for the current school term.

SIGNATURE _____ DATE: _____
PARENT/LEGAL GUARDIAN