|  |  |  |
| --- | --- | --- |
| **Office Use Only** | **MARION COUNTY SCHOOLS** | **Transportation** |
| **Homeroom:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | ***School Name*** | **Bus # AM\_\_\_\_\_ # PM\_\_\_\_\_** |
| **Date Enrolled: \_\_\_\_/\_\_\_\_/\_\_\_\_** | **Registration, Emergency Contact, and Medical Information Form** | **Car AM \_\_\_\_\_ PM\_\_\_\_\_** |
| **Student Id:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **2020-2021** | **Walker AM\_\_\_\_\_ PM \_\_\_\_** |

**Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last First Middle**

**GRADE\_\_\_\_\_\_\_\_\_\_\_\_ GENDER: \_\_\_\_\_\_\_\_\_\_\_ BIRTH DATE: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ AGE:\_\_\_\_\_\_ DATE FIRST ENROLLED IN U.S. SCHOOL:\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT’S PREFERRED NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LAST NAME GOES BY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ birth city: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BIRTH COUNTY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIRTH STATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIRTH COUNTRY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LIST OTHER CHILDREN IN FAMILY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DO YOU HAVE INTERNET ACCESS IN YOUR HOME? (CHECK ONE) YES NO**

**(CHECK ONE) HISPANIC NON-HISPANIC**

**(CHECK ALL ) AMERICAN INDIAN OR ALASKA NATIVE ASIAN BLACK OR AFRICAN AMERICAN THAT APPLIES NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER WHITE**

**911 HOME ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **STREET CITY STATE ZIP CODE**

 **CHECK IF MAILING ADDRESS IS SAME AS HOME ADDRESS CHANGE OF: ADDRESS PHONE # EMAIL HAS CHANGED**

**911 MAILING ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **STREET CITY STATE ZIP CODE**

**Does he/she have an IEP? YES NO DOES HE/SHE HAVE A CURRENT 504 PLAN? YES NO**

**HAS THERE BEEN A CHANGE IN THE STUDENT’S CUSTODY? YES NO**

**PARENT/GUARDIAN: (CUSTODY: Both parents Father Mother State Custody Other Legal Guardian)**

**FATHER:\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOTHER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MAIDEN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MAILING ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MAILING ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMPLOYER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WORK # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMPLOYER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WORK # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FATHER’S EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOTHER’S EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(CHECK ALL THAT APPLIES) CONTACT ALLOWED HAS CUSTODY (CHECK ALL THAT APPLIES) CONTACT ALLOWED HAS CUSTODY**

 **LIVES WITH MAILINGS ALLOWED ENROLLING PARENT LIVES WITH MAILINGS ALLOWED ENROLLING PARENT**

 **RELEASED TO EDUCATION RIGHTS FINANCIAL RESP. DECEASED RELEASED TO EDUCATION RIGHTS FINANCIAL RESP. DECEASED**

**Father’s Military Status (Check one): Mother’s Military Status (Check one):**

 Active Military Duty Active Military Duty

 National Guard Military National Guard Military

 Reserve Military Dependent Reserve Military Dependent

**Are there Legal/Custody Issues we should be aware of? Yes No What?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Information: If there is a custody issue concerning your child, a current *certified legal document*, regarding custody or restrictions, must be on file in the main office at this school.**

**CUSTODY OTHER-LEGAL GUARDIAN’S NAME**:

**GUARDIAN’S NAME**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **RELATIONSHIP TO STUDENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MAILING ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_**

 **STREET CITY STATE ZIP CODE**

**HOME # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(CHECK ALL THAT APPLIES) CONTACT ALLOWED HAS CUSTODY LIVES WITH MAILINGS ALLOWED ENROLLING PARENT RELEASE TO**

 **EDUCATION RIGHTS FINANCIAL RESP. DECEASED**

**COMPLETE BOTH SIDES**

**PHONE NUMBERS: (UNDERLINE THE TYPE: CELL, HOME, WORK)**

**CONTACT # 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (CELL, HOME, WORK) PHONE #:\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_ RELATIONSHIP TO STUDENT:\_\_\_\_\_\_\_\_\_\_**

**CONTACT # 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (CELL, HOME, WORK) PHONE #:\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_ RELATIONSHIP TO STUDENT:\_\_\_\_\_\_\_\_\_\_**

**CONTACT # 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (CELL, HOME, WORK) PHONE #:\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_ RELATIONSHIP TO STUDENT:\_\_\_\_\_\_\_\_\_\_**

**LEGAL ALERT: YES NO THE FOLLOWING PERSON(S) *ARE NOT LEGALLY ALLOWED* TO SIGN OUT MY CHILD FROM SCHOOL AT ANY TIME: UP TO DATE *CERTIFIED LEGAL COURT* DOCUMENTS MUST BE ON FILE AT SCHOOL.**

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TRANSPORTATION: (CHECK ALL THAT APPLY) AM BUS # \_\_\_\_\_\_ PM BUS # \_\_\_\_\_\_ \_\_\_\_\_CAR RIDER \_\_\_\_\_WALKER**

**IF SCHOOL IS DISMISSED EARLY: My child must call the following phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_before early dismissal.**

 **My child *does not* need to call before early dismissal.**

**INDICATE HOW YOUR CHILD SHOULD GET HOME: (CHECK ONE)**

 **I WILL PICK UP MY CHILD MY CHILD IS TO RIDE BUS #\_\_\_\_\_\_\_\_ (1st or 2nd load) TO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

 **MY CHILD IS TO RIDE THE BUS HOME AS USUAL. MY CHILD IS TO RIDE HOME WITH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**STUDENT RESIDENCY INFORMATION – As part of the Every Student Succeeds Act, each school registrant shall complete the following information.**

**WHERE DOES THE STUDENT STAY AT NIGHT? (CHECK ONE)**

 **IN HIS/HER HOME OWNED/RENTED BY PARENT IN A SHELTER  DOUBLED UP (LIVING WITH ANOTHER FAMILY)**

 **UNSHELTERED (CARS, PARKS, CAMPGROUNDS, TEMPORARY TRAILER, ABANDONED BUILDING)  IN A MOTEL/HOTEL**

 **OTHER (EXPLAIN)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME AND ADDRESS OF ANY TN/OTHER SCHOOL ATTENDED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICAL INFORMATION**

**IN CASE OF EMERGENCY, IF CONTACT CANNOT BE MADE WITH NUMBERS LISTED ABOVE, SCHOOL AUTHORITIES WILL TAKE THE CHILD TO THE DOCTOR OR CALL AN AMBULANCE.**

**FAMILY DOCTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF DESIRED HOSPITAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOES YOUR CHILD HAVE ANY SERIOUS HEALTH CONDITIONS? NO YES (IF YES, INDICATE) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MY STUDENT HAS THE FOLLOWING HEALTH CONDITION(S) THAT MAY REQUIRE SPECIAL CARE DURING SCHOOL HOURS. EXPLAIN CONDITION AND NOTE IF MEDICATION IS REQUIRED FROM HOME OR REQUIRED DURING SCHOOL HOURS AS PRESCRIBED BY DOCTOR. EXAMPLES OF MEDICAL CONDITIONS INCLUDE, BUT ARE NOT LIMITED TO: (ASTHMA, DIABETES, FOOD ALLERGY, ADD/ADHD, ETC.)**

**MEDICAL CONDITION(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICATION REQUIRED AT SCHOOL: YES NO**

**THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. IT IS MY RESPONSIBILITY TO NOTIFY THE SCHOOL IF MY CHILD’S MEDICAL CONDITION CHANGES AND/OR IF HE/SHE HAS DEVELOPED ANY MEDICAL CONDITION THAT MAY REQUIRE ATTENTION DURING SCHOOL HOURS.**

**PARENT/GUARDIAN SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Our policy states that no person shall be refused admission into or be excluded from any public school in this state on account of race, creed, color, sex, or national origin. All Title I parents have the right to request the qualifications or their child’s teacher(s) and paraprofessional(s) working with them. Title I schools must notify parents of any child taught by a core academic teacher that is not highly qualified for more than four consecutive weeks.**