



Hamblen County Department of Education Student Registration and Emergency Information Form

Email Address	Email Address
Employer of Parent/Guardian 1	Employer of Parent/Guardian 2
Child Lives with Parent/Guardian 1 Y N	Child Lives with Parent/Guardian 2 Y N
In case of Emergency, Contact Parent/Guardian 1 (Consider Emergency Contact when choosing order) 1 st 2 nd 3 rd 4 th	In case of Emergency, Contact Parent/Guardian 2(Consider Emergency Contact when choosing order) 1 st 2 nd 3 rd 4 th
I have legal custody of this child. (In case of custody disputes, legal documentation must be provided. Students will be released only to custodial parent/guardian and/or those persons identified on this sheet as those whom the school may contact in an emergency.) Y N	I have legal custody of this child. (In case of custody disputes, legal documentation must be provided. Students will be released only to custodial parent/guardian and/or those persons identified on this sheet as those whom the school may contact in an emergency.) Y N

Custody Identification

Please indicate the response which is relevant for your child/children:

- My child/children may be picked up from school by the parent(s) or legal guardian(s) listed above and/or anyone else whom we have given written permission.
- My child/children may be picked up from school only by the person(s) listed below. (Note: You must provide legal documents in the case of custody disputes. If a non-custodial parent obtains visiting rights, the school must know the proper times to release the child.)

My child may be picked up by the following person(s):

ELL/ESL Information: The following information is necessary for state and federal auditors regarding ELL (English Language Learner).

What is the first language she/he learned?	What language is usually spoken at home?	What language does she/he speak outside of school?
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Medical Information

Doctor and/or Hospital Telephone Number: () - -	Allergies and/or Medical Problems	Medications Taken Regularly
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Emergency Contacts(Other than Parent/Guardian(s) listed above) : Who will assume temporary care of your child until you are available? Please list two (2) names.

Emergency Contact 1 Legal Name (Last, First, Middle)	Emergency Contact 1 Telephone Numbers Home Telephone () - Work Telephone () - Alternate Telephone () -	Relationship	Contact Order* (consider Parent/Guardian in this order) 1 st 2 nd 3 rd 4 th
Emergency Contact 2 Legal Name(Last, First, Middle)	Emergency Contact 2 Telephone Numbers Home Telephone () - Work Telephone () - Alternate Telephone () -	Relationship	Contact Order* (consider Parent/Guardian in this order) 1 st 2 nd 3 rd 4 th

Transportation Information

AM Bus #	PM Bus #	Miles Transported
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Please Read and Sign the following statement

In case of an emergency or serious illness, I understand that the school shall attempt to notify the parent/legal guardian and emergency contacts in the order indicated above. If the contacts above cannot be reached, the school will notify the child's doctor.	Date __/__/__	Parent/Guardian Signature X
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Internet Access

Do you have Internet access at home?

Y N

SCHOOL OFFICE USE ONLY		
Enrollment Date ____/____/____	Enrollment Code E E1 TR TC	Withdrawal Date from Previous School ____/____/____
In/Out ZONE IN OUT	Transportation Car Bus Walk	
Birth Certificate Y N	Immunizations Y N	
Physical Y N		