

GRUNDY COUNTY SCHOOLS

Registration Form

School: _____
 Grade: _____
 Homeroom Teacher: _____
 Enrollment Date: _____

Transportation		
BUS #	AM _____	PM _____
CAR	AM _____	PM _____

Last School Attended _____

STUDENT INFORMATION

Student Name (as it appears on Birth Certificate) _____
First Middle Last

Student's Preferred Name: _____ Gender : Male Female Social Security # _____

Birth Date (MM/DD/YYYY) ___ / ___ / ___ Mother's Maiden Name _____ Birth Country: _____
 Birth City: _____ Birth County: _____ Birth State: _____

ETHNICITY: (check one) Hispanic/Latino Not Hispanic/Latino

RACE: (check all that apply)

American Indian/ Alaskan Native Asian White/Caucasian Black/African-American Hawaiian/Other Pacific Islander

Military: Check the appropriate box if this student has a parent/guardian that is:

Active Military Military National Guard Reserve Military

Internet Connection: Do you have internet connection in your home? Yes No

List Other Children in Family _____

GUARDIAN/CUSTODIAL INFORMATION and POWERSCHOOL INFORMATION

Are there Legal/Custody issues we should be aware of?: Yes ___ No ___ What? _____

CUSTODY: Both Parents Father Mother State Custody Sibling Other-Legal Guardian _____

1. Parent/Guardian: _____ Relationship: _____

Custodial Parent Emergency Contact Can Pick Child up PowerSchool Access

Physical Address: _____
Number & Street City State Zip

Mailing Address: _____
 (If different) Number & Street City State Zip

Phone # () _____ Home Work Cell

Phone # () _____ Home Work Cell Occupation: _____

E-mail Address _____ (Required for PowerSchool Access)

2. Parent/Guardian: _____ Relationship: _____

Custodial Parent Emergency Contact Can Pick Child up PowerSchool Access

Physical Address: _____
Number & Street City State Zip

Mailing Address: _____
 (If different) Number & Street City State Zip

Phone # () _____ Home Work Cell

Phone # () _____ Home Work Cell Occupation: _____

E-mail Address _____ (Required for PowerSchool Access)

I give my permission for the numbers listed below to be used by PowerSchool, the automatic dialing equipment, regarding information from Grundy County Schools and understand that I may opt-out at any time.

() ()

I would like the PowerSchool automatic phone calls in: (Choose one) English Spanish

EMERGENCY INFORMATION

Please list Emergency Contacts other than those listed on page 1

Name	Relationship	Phone

STUDENT HEALTH INFORMATION

Does your student have health problems we should be aware of (including any allergies)?

Yes No If yes, please fill out medication form with the School Nurse.

Please mark all that you give the school permission to do for your student Call Doctor Call Ambulance Treat

STUDENT PICKUP INFORMATION

Please list anyone allowed to pick your student up from school.

Parent/Guardian Signature: _____ Date: _____



Thank you for helping keep your student's information current.