



# EAST SAC COUNTY COMMUNITY SCHOOL DISTRICT

## Registration Form

Student Name: \_\_\_\_\_  
Last Name First Name Middle Name

Birthdate: \_\_\_\_\_ Gender:  Male  Female Birthplace: \_\_\_\_\_

Child lives with (circle): Parent Guardian Foster Parent Other: \_\_\_\_\_

Legal Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone 1: \_\_\_\_\_

Cell 1: \_\_\_\_\_ Description: \_\_\_\_\_ Work 1: \_\_\_\_\_ Description: \_\_\_\_\_

Cell 2: \_\_\_\_\_ Description: \_\_\_\_\_ Work 2: \_\_\_\_\_ Description: \_\_\_\_\_

Transported by (check all that apply):  Bus  Walk  Parent  Sibling

Resident County:  Sac  Calhoun  Carroll  Crawford  Other: \_\_\_\_\_

### Emergency Contacts:

Relation (Grandparent, friend, etc.): \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

### Emergency Contacts:

Relation (Grandparent, friend, etc.): \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

In the event of early dismissal due to inclement weather what should your child do? (Choose One)

Go directly home as usual  Ride the bus as usual  Go someplace else; if so *where?* \_\_\_\_\_

Permission to publish child's photo/name to school website, school Facebook, release to local newspaper?  YES  NO

Permission to participate in student/ class field trips?  YES  NO

Permission to seek emergency treatment at the nearest medical facility if we are unable to contact you?  YES  NO

Medical Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mark the OTC medications you give permission to be given at school:

\_\_\_\_\_ **Acetaminophen** (ex: Tylenol): administered orally for minor aches and pains / headaches.

\_\_\_\_\_ **Chewable Antacid** (ex: Tums): administered orally for minor upset stomach.

\_\_\_\_\_ **Ibuprofen** (ex: Advil): administered orally for minor aches and pains / headaches

*All medication will be administered only per label directions according to the age/ weight of the student; what the medication is indicated for; and only by trained school staff.*

### Ethnicity Information

Is this student Hispanic/Latino? (Choose only one)

**No**, not Hispanic/Latino

**Yes**, Hispanic/Latino (Person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

What is the student's race? (Choose one or more)

**American Indian or Alaska Native** (having origins in any of the original people of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian** (having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Phillipine Islands, Thailand, and Vietnam.)

**Black or African American** (having origins in any of the black racial groups of Africa.)

**Native Hawaiian or Other Pacific Islander** (having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

**White** (having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_