



# Calhoun 40 Schools Student Registration and Emergency Information

Bus # \_\_\_\_\_ Bus Driver Name \_\_\_\_\_

Student's Name \_\_\_\_\_ SSN: \_\_\_\_\_  
Last First Middle

U.S. Citizen?  Yes  No Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

COUNTRY of Birth \_\_\_\_\_

First year in U.S. school?  Yes  No Has this student attended a Calhoun Unit 40 School Before?  Yes  No

Previous School Attended \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

## HOUSEHOLD/PARENT/GUARDIAN INFORMATION

### Parent/Guardian

### Parent/Guardian

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

City, State Zip \_\_\_\_\_

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

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

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

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

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

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

Email \_\_\_\_\_

Email \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Primary Residence?  Yes  No

Primary Residence?  Yes  No

Should school forms and reports be mailed to both parents?  Yes  No

## Emergency Contacts

List the nearby neighbors, relatives, or caretakers who will assume temporary care of your child if you cannot be reached. Please make your child aware of these contacts.

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

## Siblings Enrolled in District:

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

**Medical Providers**

Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Hospital \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Dentist \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Allergies/Special Health Considerations \_\_\_\_\_

In case of illness or emergency, I give school authorities permission to call persons named above. I understand that school authorities will contact the local Emergency Medical System when necessary. I also give permission for school authorities to communicate with the physician or hospital regarding my child.

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_



**Calhoun Unit 40  
Permission to Post Student Information**

**ATTENTION PARENTS**

Occasionally, your student's photograph/picture may appear in various in-district and out-of-district publications such as newsletters, school newspapers, and yearbooks, web pages, communications to parents or guardians, textbooks, newspapers, and/or videos. If you do **NOT** wish to have your student's information/picture appear in such publications, **please mark** the appropriate boxes below.

Marking **YES**, gives permission to use the student's information. Marking **NO**, denies permission to use the student's information.

If all boxes remain unchecked for a statement, you will be giving permission to have your student's information appear in both in-district or out-of district publications.

<b>Permissions, District Print Publications</b>	
My child's name and/or picture may appear in Calhoun Unit 40's print publications distributed within or outside the district.	<input type="checkbox"/> Yes <input type="checkbox"/> No
My child's name, picture, and/or work may appear in Calhoun Unit 40's web pages.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_