



Student Registration And Emergency Information

20__ - 20__ School Year

Student's Birth Certificate, Social Security Card, current Immunization Records and Acceptable documentation for proof of residency is voter's registration, driver's license with current address, income tax return (provide only the part that shows name and address – the financial information may be blackened out) and auto tag receipt or statement required for admission into school.

Student Information	Grade _____
Student Name (Legal) _____	
<i>Last</i>	<i>First</i>
<i>Middle</i>	
Physical Address _____ City _____ State _____ Zip _____	
(where you live)	
<ul style="list-style-type: none"> ▪ Please list physical address (where you live) with House number first, then Street Name or number following. ▪ Please no Post Office Boxes in Physical Address. List all Post Office Boxes under mailing address. ▪ Please use the street name or number that appears on the street sign. 	
Mailing Address if different from Physical Address	

PO Box	City
State	Zip
Phone # (____) _____ Birth Date _____ SSN _____ - _____ - _____ Gender _____	
Ethnic Background _____ A – Asian B – Black/African American W – White	
H - Hispanic I – American Indian or Alaska Native	
P – Native Hawaiian or Other Pacific Islander	

Parent/Guardian Information

Parent/Guardian email _____

Do you have a computer in your home? Yes No

Do you have internet access? Yes No

Father _____ Employer _____ Day Phone _____

Father Cell # _____

Mother _____ Employer _____ Day Phone _____

Mother Cell # _____

Step Parent Name _____ Employer _____ Day Phone _____

Step Parent Cell # _____

Guardian (if different than parent) _____

Last

First

MI

Day Phone _____ Guardian Cell # _____

Guardian Relationship (if guardian is different than parent) _____

The child lives with: Mother___/Father___ Step Parent___ Guardian___

How many children do you have attending Meriwether County Schools? _____

Medical/Contact Information

STUDENT _____ Male Female DOB _____
Last Name First Name MI

Health History (Answer Yes Or No)

Allergies (Specify Allergies) _____

Physical Handicaps (Specify) _____

Asthma _____ Diabetes _____

Seizures _____ Sickle Cell _____

Cancer _____ Auto Immune Disorder _____

Vision _____ Hearing _____

Other physical or mental health issues which may be a concern at school:

_____ Does your child require special seating in the classroom?

Specify _____

_____ Does your child have any condition that would limit physical education activities?

List _____

_____ Did your child receive any immunizations in this past year?

List _____

_____ Does your child take any prescribed medications routinely?

List _____

Please list any additional information on the back.

EMERGENCY CONTACT INFORMATION

Parent/Guardian Name _____ Home Phone _____

Cell Phone _____ Work Phone _____

Parent/Guardian Name _____ Home Phone _____

Cell Phone _____ Work Phone _____

If parents are divorced or separated, who has physical custody? Parents should notify the school immediately if there is a change.

Joint _____ Mother _____ Father _____ Guardian _____

If Parents cannot be reached, list two nearby persons who will assume care of your child.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Child's Healthcare Provider _____ Phone _____

Insurance Coverage _____

* School clinic personnel have my permission to contact my child's physician for further medical information. In case of serious illness/injury, the school will telephone Emergency Medical Services (911) for immediate evaluation and/or transportation to the closest hospital. I, the parent/legal guardian, authorize this transport and treatment by the hospital emergency staff for my child,

Parent signature _____ Date _____

Please update information as it changes during the year.

Enrollment Information

Has your child ever attended school in Meriwether County? ____ School _____

School Last Attended _____ School Phone # _____

School City _____ School State ____ School District _____

Grade Last Attended _____ Grade Last Completed _____

Does your child receive Special Services? Yes No

If yes, which are they currently being served by? IEP 504 Plan

All student information gathered by Meriwether County School District other than directory information is considered to be confidential and will be used for educational purposes only.

Meriwether County School District is committed to do *whatever it takes* for all students to aim high, achieve, graduate, and succeed.