

**REGISTRATION/EMERGENCY MEDICAL FORM
2018-2019 SCHOOL YEAR
GENERAL STUDENT INFORMATION**

Clark-Shawnee Local
3680 Selma Rd.
Springfield, OH 45502

Documents required to enroll a student:

1. Certified Copy of birth certificate (with raised seal)
 2. Immunization record
 3. Proof of residency
 4. Current Custody papers (if applicable)
 5. Photo of parent/guardian
- CURRENT STUDENTS MUST HAVE THESE DOCUMENTS ON FILE IN THE SCHOOL OFFICE.**

Custodial Parent _____

Joint Custody _____

To be completed by the parent or legal guardian (or the student if age 18 or older).

Student's Legal Name (First, Middle, Last as it appears on Birth Certificate)		Birth Date Mo/Day/Yr		Gender <input type="checkbox"/> M <input type="checkbox"/> F		Grade Level for 2018-2019	
Address			City and Zip Code		Home Phone		Cell Phone
Birth City	Birth State	Birth Country	Child's Attendance Area (Please Circle One) Possum Reid Rockway	Bus #	Homeroom Teacher	Native Language	Ever been enrolled in an Ohio Public School?

The following information is required to be reported by the United States Department of Education. If any of these areas are not answered the student will be coded on a visual basis, per government reporting regulations.

1. Is the student from Hispanic/Latino heritage? _____ (Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
2. Race Detail Element: Please indicate the following – you must choose at least one option, if multiracial choose all that apply:
 White Black Asian Pacific Islander American Indian/Alaskan Native

Is your child currently receiving special education Services <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must provide a copy of the IEP or ETR	Residential Housing Status <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other(specify)	Has your child ever been tested And not placed in special education? <input type="checkbox"/> Yes <input type="checkbox"/> No
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CUSTODIAL PARENT(S)/GUARDIAN(S) WITH WHOM THE STUDENT RESIDES

- Both Parents Shared Parenting Mother only Father only Guardian/Foster care Grandparent Agency Independent

Is this student permitted to be picked-up by Non-Residential Parent/Step Parent? Yes / No

Should the Non-Residential Parent be contacted in case of emergency? Yes / No

All custody paperwork must be on file at the school. Residential parent/guardian/court appointed custodian is required to notify building of any changes.

Name of Parent/Guardian with whom the student resides	Relationship to child	
Place of Employment	Work Phone	Cell Phone or Alternate Number
Name of Parent/Guardian with whom the student resident	Relationship to child	
Place of Employment	Work Phone	Cell Phone or Alternate Number
Name of Parent/Guardian (non-residential parent with visitation or other parental rights)	Relationship	
Place of Employment	Work Phone	Cell Phone or Alternative number

PARENT EMAIL INFORMATION

Daytime email address: _____ alt. email address _____

AUTOMATED MESSAGING

A District/Building-wide automated announcement will be made should there be an unscheduled early release/closure. Please list the telephone numbers on which you want to receive automated messages. (If you are listing your work number, please check with the business.)

1 st Number	2 nd Number	3 rd Number
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FOR OFFICE USE ONLY: District previously attended _____ IRN # _____ OE _____ CP _____ RES _____

ENTRY DATE:	HR/TEACHER:	FOR TRANSPORTATION DEPT US
STUDENT ID:	COUNSELOR:	

PARENT/GUARDIAN SIGNATURE AND MEDICAL RELEASE

Student Name: _____ Date of Birth: _____ Grade: _____

IN CASE OF EMERGENCY LIST IN ORDER OF PREFERENCE TWO ALTERNATE CONTACTS: (other than parents)

Name	Relationship	Home	Cell	Work

Physician's Name:	Dentist's Name:
Phone Number:	Phone Number:

List all medication this child is taking (prescription and over-the-counter) and the reason for taking them:

List allergies to medicine, food or other allergens, and any medical information such as physical impairments and assistive devices, that school staff or emergency personal need to be aware of, attach documentation if necessary:

Has your child received any recent immunizations? Yes No (If yes, please attach documentation with dates and type of immunizations received.)
 Immunization Records are to be received within 10 days of enrollment.

Names and grade levels of siblings attending Clark-Shawnee Local:

All information is complete and correct. I am the child's custodial parent or legal guardian or I am the student age 18 or older. I grant permission to my child's school, in an emergency when I (or my physician) cannot be contacted, to take my child to the emergency room of the nearest hospital, and the hospital and its emergency staff have my authorization to provide treatment which a physician deems necessary for the well being of my child.

Signature(s) of Parent/Guardian	Parent/Guardian Name(s) PRINT	Date Signed
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*PLEASE ENTER ADDITIONAL INFORMATION FROM PAGE ONE HERE: _____

PARENT REFUSAL TO CONSENT FOR MEDICAL TREATMENT

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following actions:

Student's Name _____

Parent/Guardian Signature _____ Date _____

Address _____ City _____ Zip _____