

ELLINGTON PUBLIC SCHOOLS

Emergency and Registration Information

Grades K – 6

revised: 2/01

Student Name: _____ Male Female

Residential Address: _____
 (street) (city) (state) (zip)

Mailing Address: _____
 (street) (city) (state) (zip)

Phone Number: (____) _____ unlisted? yes no

Social Security Number _____ - _____ - _____ U.S. Citizen? yes no

Date of Birth: _____ Birthplace: _____

Parent/Legal Guardian (female) _____
 (last) (first)

Relationship to Child _____ living with child? yes no

Home phone:(____) _____ Cell phone: (____) _____ Pager: (____) _____

Address, if not living with child: _____
 (street) (city) (state) (zip)

If not living with child, should school reports be sent to above address? Yes No

Place of Employment: _____ Work Phone: _____ X _____

Parent/Legal Guardian (male) _____
 (last) (first)

Relationship to Child _____ living with child? yes no

Home phone:(____) _____ Cell phone: (____) _____ Pager: (____) _____

Address, if not living with child: _____
 (street) (city) (state) (zip)

If not living with child, should school reports be sent to above address? Yes No

Place of Employment: _____ Work Phone: _____ X _____

Custody alert/special family circumstances: _____

Siblings:

Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Primary language spoken by child at home: _____

Primary language spoken by parents at home: _____

Language child learned to speak first: _____

Race/Ethnicity (for state and federal reporting purposes only):

- Alaskan Native American
 - Black (non-Hispanic)
 - Hispanic
 - Asian/Pacific Islander
 - White (non-Hispanic)
 - Other:
- _____

Grade starting this year: _____ List grades repeated: _____

Transfer From (most recent school attended): _____

Address of last school: _____ grade: _____

Check services provided at most recent school attended:

- Special Education
- Speech. Language, Hearing Services
- Language Arts Support
- Mathematics Support
- Counseling in School
- Other, specify: _____

Child has attended:

Kindergarten: yes no

Nursery School: yes no number of years: _____

Day Care: yes no number of years: _____

Does child presently attend day care? yes no Days: _____

Day Care: _____ Telephone: (__) _____

Child comes to school from: home day care

Child goes from school to: home day care

Early Dismissal Directions/ Emergency Contacts:

I authorize the PTO to have the telephone numbers listed to call me or my contacts when there is an early dismissal for my child.

SIGNATURE OF PARENT OR GUARDIAN: _____

In case of an early dismissal or emergency, calls will be made to the mother, father, then the contacts in the order listed below, unless otherwise specified here:

Emergency contacts when parents cannot be reached:

1. Name: _____ relationship: _____

Home Telephone: (____) _____ Work Telephone: (____) _____ X _____

2. Name: _____ relationship: _____

Home Telephone: (____) _____ Work Telephone: (____) _____ X _____

List additional contacts on the back of this page.

Physicians (please include child's dentist)

Physician: _____ Type of physician: _____

Telephone: (____) _____

Physician: _____
physician: _____

Type of

Telephone: (____) _____

Physician: _____
physician: _____

Type of

Telephone: (____) _____

Are there any known health conditions? Please explain:

Are there any known allergies and what are the reaction?

Is this child currently taking any medications? Please list:

Date of Last Physical Examination: _____ Last tetanus injection: _____

Emergency Care:

In case of accident or serious illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary, including transportation to the hospital in case of emergency.

Signature of parent/guardian: _____ Date: _____

Fluoride:

I want my child to participate in the school fluoride program.

I do not want my child to participate in the school fluoride program.

Signature of parent/guardian: _____ Date: _____

Student Handbook:

I received a copy of the current student handbook at the time of registration and am aware that I am responsible for the policies and procedures in the handbook.

Signature of parent/guardian: _____ Date: _____

This information is sent home for review annually.