

**Worcester County Public Schools
Emergency Information/Registration Card**

15-16

New Students

Today's Date: _____

PLEASE COMPLETE THE FOLLOWING VITAL INFORMATION

| STUDENT INFORMATION | | | | |
|---------------------|-----------|---------------|--|-------------|
| Legal Last Name | | First Name | | Middle Name |
| Social Security No. | Birthdate | Present Grade | Gender M <input type="checkbox"/> F <input type="checkbox"/> | Home Phone |

| | | |
|---|---|--|
| ETHNIC Category | Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| RACE Category | Everyone <u>must</u> select at least one race below. | |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> White | |

PRIMARY HOUSEHOLD INFORMATION: Name of person(s) the STUDENT LIVES WITH. If a student lives with legal guardian, court order of custody papers must be presented to the school.

| | | | | |
|---|--|--|--|--|
| Living with: | | | | |
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Mother only | <input type="checkbox"/> Father only | <input type="checkbox"/> Self | <input type="checkbox"/> Agency |
| <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Mother/Stepfather | <input type="checkbox"/> Father/Stepmother | <input type="checkbox"/> Stepfather/Stepmother | <input type="checkbox"/> Other (specify) |
| Mother's/Guardian Last Name | First Name | Employer/Address | Business Phone # | Cell Phone # |
| Father's/Guardian Last Name | First Name | Employer/Address | Business Phone # | Cell Phone # |
| Parent/Legal Guardian Street Address | | | City | Zip |
| Mailing Address (if different from above) | | | City | Zip |

What is your child's country of birth (if other than USA)? _____
 What date did your child first enter the USA? _____

| |
|--|
| Residence Verification - If your address changes, please provide new documentation. The residence information provided on this form is true and accurate as of this date. I understand that falsification of an address or the use of any other fraudulent means to achieve an enrollment in any Worcester County Public School, will result in immediate revocation of enrollment and other appropriate action being considered. |
| Signature of Parent/Legal Guardian: _____ Date: _____ |

| | | | |
|--|-------------------------|---------|-----------------|
| EMERGENCY INFORMATION: List two local persons (other than yourself) usually available during the school day who have agreed to care for and provide transportation for your student if he/she becomes ill or injured and you cannot be reached. We attempt to contact parents first. | | | |
| Name | Relationship to student | Address | Daytime Phone # |
| | | | |
| Name | Relationship to student | Address | Daytime Phone # |
| | | | |

Enter the name of your family physician who may be contacted by school staff members when a parent cannot be reached and medical assistance is indicated.

| | | |
|--|-----------------------------|--------|
| Family Physician | Address | Phone# |
| Do you have medical insurance or medical assistance? <input type="checkbox"/> Y <input type="checkbox"/> N | Medical Assistance #: _____ | |
| Insurance Company: _____ | Insurance #: _____ | |

EMERGENCY FIRST AID CONSENT: Many times a parent cannot be located immediately, and for this reason we feel that written permission should be available in school files for whatever treatment is needed for the student. If you are in agreement with this policy, please sign the form at the place indicated below.

In the event of serious injury or illness of my child while at school, and I cannot be located for verbal permission, I hereby give the school my written permission to obtain or give emergency medication and treatment.

Date: _____ Parent/Legal Guardian's Signature: _____

Transportation Information (please check)

My child will be: Transported by parent/or/walk:
 To school
 From school

Transported by school bus

Pick-up address: _____

Address delivered to after school: _____

My child will be attending the following after-school program: _____

For Junior and Senior High School Students Only

Dear Juniors, Seniors and Parents/Guardians:

As part of the "No Child Left Behind Act," the branches of the military service by law may request the names, addresses and phone numbers of juniors and seniors in order to contact the students directly to provide information on programs available in the military. If you **DO NOT** wish to have your child's name included in this list, please fill out the section below and return it to your child's school.

If you do not return this form, your child's directory information will be released to all branches of the military service.

I DO NOT want the name, address and phone number of _____, released to the military services. Print name of student

Parent Signature