

# Staunton Community Unit Schools Registration Form

DATE \_\_\_\_\_, 20\_\_\_\_ GRADE \_\_\_\_\_  
NAME \_\_\_\_\_ AGE \_\_\_\_\_  
(Last Name) (First) (Middle)  
SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ GENDER: Male Female  
(Circle One)  
DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
(Month/Day/Year) (City or Town) (State)  
ADDRESS \_\_\_\_\_  
(Street) (City or Town) (State) (Zip)  
HOME TELEPHONE (\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_) \_\_\_\_\_  
LAST SCHOOL ATTENDED \_\_\_\_\_  
(School Name) (City or Town) (State)  
Father's Employer \_\_\_\_\_ Mother's Employer \_\_\_\_\_  
Father's Work Phone (\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_) \_\_\_\_\_ Mother's Work Phone (\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_) \_\_\_\_\_  
Father's Cell Phone (\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_) \_\_\_\_\_ Mother's Cell Phone (\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_) \_\_\_\_\_  
NATURAL FATHER'S NAME \_\_\_\_\_ Is He Living? \_\_\_\_\_  
NATURAL MOTHER'S NAME \_\_\_\_\_ Is She Living? \_\_\_\_\_

**CHILD LIVES WITH: (Check One)**

<input type="checkbox"/> Both Mother and Father	<b>Race/Ethnicity Category of Student: (Check One)</b>
<input type="checkbox"/> Mother and Stepfather (Give Names) _____	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Father and Stepmother (Give Names) _____	<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> Mother Only	<input type="checkbox"/> Black, Non-Hispanic
<input type="checkbox"/> Father Only	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Relatives other than Parent (Give Names) _____	<input type="checkbox"/> White, Non-Hispanic
<input type="checkbox"/> Foster Parents (Give Names) _____	<input type="checkbox"/> Multi-Racial
<input type="checkbox"/> Independently	
<input type="checkbox"/> Other (Give Names) _____	

NAME OF PERSON TO CALL IN EMERGENCY \_\_\_\_\_

EMERGENCY PHONE NUMBER (\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_) \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_

DISTANCE TO SCHOOL \_\_\_\_\_ ELIGIBLE FOR RIDING BUS YES NO  
(Circle One)

Health Concerns: Circle those that apply: Asthma Inhaler ADD Seizures Diabetes Allergies

Other/Explain \_\_\_\_\_

Physician of first choice \_\_\_\_\_ Phone \_\_\_\_\_

If, in the judgment of the school authorities, immediate treatment is urgent, and neither parent can be reached, I authorize Staunton School District to call 911 and transport my child for treatment.

I authorize the school nurse to share information with appropriate staff as necessary.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_