

JACKSON CENTER LOCAL SCHOOLS

Student Registration / Emergency Worksheet

Please Print

SCHOOL (circle one) – SHELBY HILLS PRE-K KIND. ELEM MS HS CURRENT GRADE: _____

Name: _____			Date of Birth: ____/____/____		
(Last)	(First)	(Middle Name)	(Called Name)		
Address: _____			Start Date: _____		
PO Box No. _____	City: _____	Zip Code: _____	Social Security Number: _____		
Telephone: (____) _____	Unlisted: yes ___ no ___	County: _____	District of Residence: _____		
Gender: Male ___ Female ___	Place of Birth (City) _____	Mother's Maiden Name _____			
Ethnic Origin: (Federal Requirement)	U.S. Citizen: yes ___ no ___	Homeless Status: yes ___ no ___			
Hispanic/Latino Heritage? Yes or No					
___ Asian/Pacific Islands	If no, check one: Exchange student ___	If yes, check one: Lives in public operated shelter ___			
___ Black or African American	Other: _____	Lives in privately operated shelter ___			
___ Hispanic	Country of Origin: _____	Lives with relatives or friends ___			
___ American Indian or Alaskan Native		Other: _____			
___ White	Limited English Proficiency: yes ___ no ___	If yes, then language spoken: _____			
Did your child attend Half-Day or Full-Day Kindergarten? Half Day ___ Full Day ___ N/A: ___ Child has IEP: Yes or No					

Parent/Guardian Information: (This information will also be used as an emergency contact)

Father Mother Step Parent Guardian Foster Parents Other (circle appropriate status)
First Contact - Name: _____ Address: _____ City/Zip: _____ Phone: _____ Cell Phone: _____ Pager _____ Employer: _____ Address: _____ City/Zip: _____ Phone: _____ Email Address: _____

Father Mother Step Parent Guardian Foster Parents Other (circle appropriate status)
Second Contact - Name: _____ Address: _____ City/Zip: _____ Phone: _____ Cell Phone: _____ Pager _____ Employer: _____ Address: _____ City/Zip: _____ Phone: _____ Email Address: _____

OFFICE USE ONLY:	
Birth Certificate: _____	Grades/Transcripts _____
Immunization Records: _____	Proof of Residency: _____ (specify)
Social Security Card: _____	Withdrawal Papers: _____
	Custody Papers _____
	Court Order _____
	other _____
	revised 3/2010

Custodial Information

IT IS OHIO STATE LAW THAT EACH STUDENT PROVIDE A CERTIFIED COPY OF ANY CHILD CUSTODY ORDER OR DECREE, WHICH HAS BEEN ISSUED WITH RESPECT TO THE STUDENT. THE CUSTODIAL PARENT OF SUCH A STUDENT MUST ALSO PROVIDE THE BOARD OF EDUCATION WITH CERTIFIED COPIES OF ANY LATER COURT ORDERS, WHICH MODIFY THE ORIGINAL CUSTODY ORDER OR DECREE. [Ohio Revised Code 3313.672(b)]

PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS THAT APPLIES TO YOUR CHILD:

- A. Child lives with natural parent(s) or with legally adoptive parents.
- B. Parents are divorced or legally separated; child resides with parent that has legal custody by court order.
(if this is your situation, you must provide the school with a copy of the court order within 30 days)
- C. Parents are divorced or legally separated; for court order shared custody.
(if this is your situation, you must provide the school with a copy of the court order within 30 days)
- D. Child lives with a Guardian who has been granted legal custody by court order.
(if this is your situation, you must provide the school with a copy of the court order)
- E. Child lives with Foster Parents.
(if this is your situation, you must have a representative of the custodial agency with you and all necessary court orders, proof of district responsibility for educational costs and previous school records at the time of enrollment. YOUR CHILD WILL NOT BE ENROLLED WITHOUT MEETING ALL THESE REQUIREMENTS)
- F. Child is 18 years of age or older and lives apart from his/her parent or guardian.

My child has permission to be given non-prescription medicine by school personnel, which will be provided by the Parent/Guardian when needed. Yes _____ No _____

***This information will be shared with appropriate personnel when deemed necessary.**

School History:
 School previously attended: _____
 School Address: _____
 City/State/Zip: _____
 Has student ever attended any school in this district yes no
 Name of School District last attended: _____
 Year last attended that District: ____ / ____ / ____

Emergency Information: in case of emergency, third contact other than parent:
 Name: _____
 Relationship: _____ Phone: _____
 I hereby give consent for the following medical care providers and local hospital to be contacted:
 Name of preferred Doctor: _____
 Doctors Phone: _____
 Name of preferred Dentist: _____
 Dentist Phone: _____
 Hospital: _____

Family Information: Names of brothers/sisters now living at home

First Name	Last Name	Date of Birth
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

Refusal to Consent: 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 action: _____

 Date _____ Signature of Parent/Guardian _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonable accessible.
This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring the necessity for such surgery, are obtained prior to the performance of such surgery.
Facts concerning the child’s medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted.

 Date _____ Signature of Parent/Guardian _____