

**FREMONT CITY SCHOOLS DISTRICT
EMERGENCY MEDICAL AUTHORIZATION (EMA) AND STUDENT REGISTRATION FORM (EMIS)
2014-15**

Please complete ALL sections

Date of Entry (For Office Use Only):	EMIS ID# (For Office Use Only):	DASL ID # (For Office Use Only):
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Legal Last Name	First	Middle	Suffix	Grade
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Address (post office box is not acceptable as a residence address)	City	Zip
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Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Birth City	Parent Home Phone	Parent Cell Phone
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PART 1- ETHNIC CATEGORY <i>(Federal Government Requirement)</i> Choose One <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> American Indian or Native Alaskan <input type="checkbox"/> Asian	PART 11 - HERITAGE Is the student of Hispanic Heritage? <input type="checkbox"/> YES <input type="checkbox"/> NO Choose one or more of the Racial Groups below: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> American Indian or Native Alaskan <input type="checkbox"/> Asian	Primary Language Spoken at Home <input type="checkbox"/> English <input type="checkbox"/> Other Is this student presently under expulsion or suspension? <input type="checkbox"/> YES <i>(If yes, please provide copies or paperwork)</i> <input type="checkbox"/> NO
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Has this student previously attended Fremont City Schools?
 No Yes *(If yes, grade level at withdrawal)* Building _____

Previous School District/Building Attended	Previous School Address/City/State/Zip	Phone: Fax:
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Is student currently receiving special education programs or services? YES NO

<input type="checkbox"/> Autism	<input type="checkbox"/> Deafness (Hearing Impairment)	<input type="checkbox"/> Emotional Disturbance (ED)	<input type="checkbox"/> Multiple Disabilities(MD)
<input type="checkbox"/> Orthopedic Handicap (OH)	<input type="checkbox"/> Other Health Impaired (OHI)	<input type="checkbox"/> Specific Learning Disability (SLD)	<input type="checkbox"/> Cognitive Disability (CD)
<input type="checkbox"/> Traumatic Brain Injury (TBI)	<input type="checkbox"/> Visually Impaired (VI)	<input type="checkbox"/> Speech/Language	

Marital Status of Parents: <input type="checkbox"/> Single <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed	Student resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother only* <input type="checkbox"/> Father only* <input type="checkbox"/> Mother/Stepfather* <input type="checkbox"/> Father/Stepmother* <input type="checkbox"/> Grandparents <i>(POA or Grandparent Affidavit required**)</i> <input type="checkbox"/> Foster Family* <input type="checkbox"/> Other*: _____	Residential Status - Do you/child(ren): Live in a public or private operated shelter? <input type="checkbox"/> YES <input type="checkbox"/> NO Did you move in with another individual or family? <input type="checkbox"/> YES <input type="checkbox"/> NO Live in a hotel/motel? <input type="checkbox"/> YES <input type="checkbox"/> NO Other(please describe) _____
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***If the student is not living with both parents, is there a temporary or permanent custody order/deedee allocating parental rights and responsibility**
 YES *(If yes, you must provide a certified copy of the custody order)* NO

RESIDENTIAL PARENT/GUARDIAN INFORMATION: (required)

Last Name(s) _____ First Name(s) _____ Home Phone _____

Address *(if different from above)* _____ City/State/Zip _____

Name: _____ Place of Employment _____ Work Phone _____ Cell _____

Name: _____ Place of Employment _____ Work Phone _____ Cell _____

NON-RESIDENTIAL PARENT INFORMATION:

Last Name(s) _____ First Name(s) _____ Relationship _____

Address *(if different from above)* _____ City/State/Zip _____

Home Phone _____ Place of Employment _____ Work Phone _____ Cell _____

Home Phone _____ Place of Employment _____ Work Phone _____ Cell _____

ADDITIONAL EMERGENCY CONTACTS NOT LISTED ABOVE:

Last Name(s) _____ First Name(s) _____ Relationship _____

Address *(if different from above)* _____ Phone _____ Work _____ Cell _____

Last Name(s) _____ First Name(s) _____ Relationship _____

Address *(if different from above)* _____ Phone _____ Work _____ Cell _____

