

ASHLAND SCHOOL DISTRICT STUDENT REGISTRATION

2014-2015 07/01/2014

Ever attended an Ashland School Sch: <input type="checkbox"/> Y <input type="checkbox"/> N	Legal Last, First Middle (Required. As on birth certificate/passport)	DOB	Gender	Grade
			M F	

Preferred Last	Preferred First	Preferred Middle	Home Phone
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HISPANIC OR LATINO <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	RACE (Must choose all that apply per federal registry 71FR44866) <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander
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Physical Address	City	State	Zip	Languages Spoken at Home
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Mailing Address	City	State	Zip	Social Security Num:(Optional - last 4 digits.*)
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Birthplace - City:	State/Country:
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Federal Title Program Questions
 Y N Is the student, a parent, or a grandparent, a member of a U.S. federally recognized American Indian Tribe? If Yes, please fill in
 Tribe Name: _____ Member Number: _____
 Y N Has your family moved, for any period of time, in the last three(3) years to work in agriculture-related work, such as lumber, canneries, farm labor, harvesting, fishing etc.?
 ** If your child was born outside of the 50 US states or Puerto Rico, when did he/she first attend a US school? _____

PowerSchool uses the GUARDIAN EMAIL account for news and updates. You may enter up to two emails.	Can you help us go green? <input type="checkbox"/> Yes, email when possible. <input type="checkbox"/> No, I don't use email.
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Student lives with (check any) Mother: Father: Add Par1: Add Par2: Guardian: Self (adult):

GUARDIAN (Legal Guardian AND PowerSchool Rep)	Relationship (Note if Foster Par.)	Responsible for <input type="checkbox"/>
		Send Mail? (\$7.50) <input type="checkbox"/>

Address	City	State	Zip	Employer
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Home	Work	Cell
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MOTHER Last	First	Email	Responsible for <input type="checkbox"/>
			Send Mail? (\$7.50) <input type="checkbox"/>

Address	City	State	Zip	Employer
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Home	Work	Cell
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FATHER Last	First	Email	Responsible for <input type="checkbox"/>
			Send Mail? (\$7.50) <input type="checkbox"/>

Address	City	State	Zip	Employer
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Home	Work	Cell
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OTHER PARENT 1 Last	First	Email	Responsible for <input type="checkbox"/>
			Send Mail? (\$7.50) <input type="checkbox"/>

Address	City	State	Zip	Employer
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Home	Work	Cell	Relationship
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OTHER PARENT 2 Last	First	Email	Responsible for <input type="checkbox"/>
			Send Mail? (\$7.50) <input type="checkbox"/>

Address	City	State	Zip	Employer
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Home	Work	Cell	Relationship
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Mailings Fee: \$7.50 per household - includes all official mailings.

Does your child require Special Services? Yes No. **Specify:** Special Education: Gifted: ESL 504
 Does your child have any condition, which might require program adjustments? Vision Speech Hearing
 Other: _____

Drive to School? Student Car (Make/Model/Color) License Plate Student Cell

Yes **No** Does the student receive social security benefits? (voluntary)
 Students who receive social security **MUST** be enrolled in at least 6 day classes or risk losing benefits.

Last School Street City State Zip Expelled/Pending Reason:

Parental Permissions

Yes No I give my permission for my **child's photograph/name** to be included in the school publications.
 Yes No I give my permission for my child to participate in school sponsored **field trips** (walk or ride city/school bus).

Internet Privileges Once your child enters high school we consider that the Internet is a privilege that students have earned the right to use at school. They will need to access the Internet to be successful in most of their classes and learn vital 21st century skills.
If you do not want your child to have access to the Internet please submit a written letter to our office manager stating that they do not have permission. Your child may lose the privilege of using the Internet at Ashland High School if they abuse that privilege. Abuse of the privilege may also result in disciplinary action.

Emergency Information for

Insurance Company: Ins/Medicaid # In order for your child to participate in field trips, interscholastic athletics, and other activities you must have school insurance or private insurance.

Family Physician Office Phone Family Dentist Office Phone

ALLERGIES: (penicillin, food, etc.)

MEDICATIONS TAKEN AT SCHOOL or CONDITIONS that the school should be aware of (e.g. diabetes, asthma, allergies)
 [Ask for additional form]:

URGENT MEDICAL ALERT FOR SCHOOL STAFF: (allergies/conditions that MAY require URGENT or EMERGENCY care):

EMERGENCY CONTACTS

NOTE: Students who become ill during the day will not be excused to go home until the parent/guardian or individual listed below is contacted:

Name	Relationship	Phone 1	Type	Phone 2	Type
1.			h w c		h w c
2.			h w c		h w c
3.			h w c		h w c
4.			h w c		h w c

AUTHORIZATION OF CONSENT FOR MEDICAL TREATMENT OF MINOR CHILD

In the event a serious accident or injury befalls your child at school, school authorities will make every effort to contact you at home or work and comply with your instructions. If you cannot be located, school officials are authorized to:
 1. Contact family physician name above and follow his/her instructions.
 2. Transport above named student to the doctor's office or to a local hospital emergency room for treatment by the physician on duty.
 3. The undersigned hereby authorize the physicians designated above to give consent for any procedure or hospital care deemed advisable by said doctor.
 4. This authorization is effective until revoked by the parent in writing.
 Yes, I authorize and am financially responsible for emergency medical treatment for my minor child as described above. Initial: _____
 No, I do not authorize the school to perform the above functions. Initial: _____

I have read and understand this document and attached disclosures, and verify I am the appropriate authority to offer/refuse consent for all items as indicated above. I confirm that all of the information provided by me is correct to the best of my knowledge.

Parent/Guardian Signature _____ Print _____ Date: _____
 Parent/Guardian Signature _____ Print _____ Date: _____

It is important that we have signatures for both parents or guardians, if possible. Signatures are needed from all who have authority to write notes to check student out of school and pre-excuse absences.