TECUMSEH LOCAL SCHOOL DISTRICT

REGISTRATION/EMERGENCY MEDICAL FORM 2013 - 2014 School Year

1. Original copy of Birth Certificate 2. Immunization record 3. Social Security Card 3. Social Security Card 3. Social Security Card 4. Current students must have copies of these documents in the school office. General Student Information To be completed by the parent or legal guardian (or the student Information Birth Certificate, including suffixes such as II, Jr., etc.) Student's Legal Name (first, middle, last-as it appears on Birth Certificate, including suffixes such as II, Jr., etc.) Street Address Grade level for 2013 - 2014 Native Language Birth CITY (from Birth Certificate) Is your child permitted to participate in school left drips and other school related activities for which she may be transported? YES NO Custodial Parent(s): General Student resides: Custodial Parent(s): General Student	Documents require to enro			4 (Current quete	ady papara	if applicable			
Social Security Card residing outside of district attendance area 6. Perantification Current students must have copies of these documents in the school office. General Student Information To be completed by the parent or legal guardian (or the student if age 18 or older). PLEASE COMPLETE ALL SECTIONS. Student's Legal Mame (first, middle, last -as it appears on Birth Certificate). Birth Date (Mo/Day/Yr). Gender Home Phone # Birth Certificate). Birth Date (Mo/Day/Yr). Gender Home Phone # Zip Code Grade level for 2013 - 2014 Native Language Birth CITY (from Birth Certificate). Is your child permitted to participate in school field trips and other school related activities for Custodial Parent(s): Shared parenting plant in the student resides. Shared parenting plant in the student resides. In the Certificate shared parenting plant in the student resides. In the Certificate shared parenting plant in the student resides. In the Certificate shared parenting plant in the student resides. In the Certificate shared parenting plant in the student resides. In the Certificate shared parenting plant in the student resides. In the Certificate shared parenting plant in the Student resides. In the Certificate shared parenting plant in the Student in the Student in the Student in the Student resides in the Student in the Student resides. In the Student resides in the Stud		Certificate			Current custody papers, if applicable Proof of residency or approved Open Enrollment application					
Custodial Parent(s)/Guardians with whom the student resides: Dot parents Street Address Student* tage) Birth Date (Mo/DayYr) Gender Home Phone #				r	esiding outs	ide of distri	ct attendance			
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Custodial Parent(s)/Guardians with whom the student resides Maiden Name (if applicable) Name of Parent/Guardian with whom the student resides Maiden Name (if applicable) Place of Employment Name of Parent/Guardian Address City State & Zip Home Phone # Name of Parent/Guardian Address City State & Zip Home Phone # Name of Parent/Guardian Address City State & Zip Home Phone # Name of Parent/Guardian Address City State & Zip Home Phone # Student Vescel and to promote the achievement on the sheet were four students, we may photograph, videolape, and/or copy student work or images for publication in school newsiters, information be revealed as indicated above, please write a statement on the back* of this form. Parent E-mail Contact Information (Please Print) Parent Initial Parent Lemal address: E-mail add	Grade level for 2013 - 2014	Native Language	Birth CITY							
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Single/never married							not of Hispan	ic origin		
Please explain on back of form. All custody paperwork must be on file. Residential parent Is required to notify building of any changes in custody. Name of Parent/Guardian with whom the student resides Place of Employment Name of Parent/Guardian with whom the student resides Name of Parent/Guardian with whom student does NOT Place of Employment Work Phone Cell or Alt. # Name of Parent/Guardian with whom student does NOT reside Nonresidential Parent/Guardian Address City State & Zip Home Phone # Place of Employment Work Phone Cell or Alt. # Student Use of Internet: The Internet is an integral part of the education program at Tecumseh Local. Students access may web-based education programs. The Board of Education has taken available precautions to restrict and/or control student access to material that is objectionable or inappropriate. A copy of the Board of Education institutions, and on cable television stations. Your child's information will be revealed without prior consent. Please sign below to show that you have read this statement and grant permission for your child's information as indicated above, please write a statement on the back* of this form. Parent Initial Parent E-mail address: Parent E-mail address: E-mail address:										
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Relationship to Child	Is required to notify building of any changes in form if needed)									
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Nonresidential Parent/Guardian Address City State & Zip Home Phone #	Place of Employment			Work Phone			Cell or Alt. #			
Nonresidential Parent/Guardian Address City State & Zip Home Phone # Media Consent: In an effort to keep our community informed of school events and to promote the achievements of our students, we may photograph, videotape, and/or copy student work or images for publication in school newsletters, local newspapers, on the Internet, for other education institutions, and on cable television stations. Your child's image, name, work product, school, or grade maybe revealed, but no other information will be revealed without prior consent. Please sign below to show that you have read this statement and grant permission for your child's information be revealed as indicated above. If you wish to restrict use of your child's information as indicated above, please write a statement on the back* of this form. Parent E-mail Contact Information (Please Print) E-mail address: City State & Zip Home Phone # Cell or Alt. # Student Use of Internet: The Internet is an integral part of the education program at Tecumseh Local. Students access may web-based educational programs. The Board of Education has taken available precautions to restrict and/or control student access to material that is objectionable or inappropriate. A copy of the Board of Education policy is available on the Tecumseh website, or you may contact your child's building for a copy. Please initial below to show that you have read this statement and grant permission for your child's access, please write a statement on the back* of this form. Parent Initial Parent Initial		with whom student d	oes NOT	Maiden Name (if applicable)			Relationship to Child			
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	E mail address:	Pa	rent E-mail Co		•	int)				

Office Use Only	Homeroom Teacher/Room #	Grade
School attending:	Donnelsville Elementary	umseh High School

II.	Emerge	ncy Medical Informa	ation and I	Parent/Gua	rdian Signature			
Student's Legal Name (first, midd		it appears on birth c	ertificate,	Birth Date (Mo/Day/Yr)			Grade	
including suffixes such as II, Jr., etc	C.)							
Street Address				City		State	Zip Code	
			\44 lf					
The parent and alternate contact in	formation	Emergency C	ill be used	ormation in case of a	in emergency with	vour child	1 Parents will be	
contacted first. If a parent cannot be						your orme	. Talono viii bo	
Name of Parent/Guardian	Relation	nship	Home #		Cell #	Wo	ork #	
	5			0 " "		NA 1 //		
Name of Parent/Guardian	Relation	nsnip	Home #		Cell #	VVC	Work #	
Alternate Contact Name	Relation	nship	Home #		Cell #	Work #		
Alternate Contact Address			City	City		State	Zip	
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Alternate Contact Name	Relation	nship	Home #		Cell #	Wo	Work #	
Alternate Contact Address			City			State	Zip	
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Physician's Name		Preferred Hospita	ıl		Dentist's Na	me		
Phone		Phone			Phone			
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1111111			
List all medications this child is ta	king (pres	cription and over-the	e-counter) a	and the reas	on for taking them.			
List allergies to medicine, food, or	other alle	rgens, and any medi	cal informa	tion such as	s physical impairme	ents and	assistive devices, that	
school staff or emergency personn								
Known Medical Conditions								
Lies your shild recently received im	munizatio.	no2 □ No □ Voo (i	fues place	a attach da	aumontation with a	lataa and	tunes resolved	
Has your child recently received im	imumzalio	ils: No Tes (i	i yes, pieas	se <u>allacii</u> uc	cumentation with c	iales and	types received.)	
(CONSENT	T/REFUSAL FOR EN	MERGENC	Y MEDICAL	TREATMENT			
Please check and initial below indicating either your consent or your refusal to consent for treatment of your child in the event of an								
emergency and you cannot be read	ched.							
(initial) Consent I am the child's custodial parent or legal guardian or I am the student age 18 or older. I grant permission								
							nild to the emergency	
roor	n of the ne sical deem	earest nospital, and list necessary for the v	its emerge well being a	ncy starr na of my child	ve my authorizatio	n to prov	ide treatment which a	
priye	ologi dooli	io nococcary for the	.vo bog v	or my orma				
[(initial) Refusal 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:								
*Enter additional information from front of form here:								
All Information on this form is co	mplete a	nd correct to the be	st of my k	nowledge.				
Signature Required - Parent/Guardian Date								

Page 2 of 2 (General Student information is on the reverse side of this form)