

☛ Immunization records and proof of residency are required for enrollment. ☛
We reserve the right to request a birth certificate to verify your child's age.

REGISTRATION MERTON COMMUNITY SCHOOL DISTRICT

Grade Entering _____ Registration Date _____ Date Entered _____

Name of Child _____
Last First Middle

FULL LEGAL NAME REQUIRED

Address _____

P.O. Box _____ City & Zip _____

Birth date _____

Race / Ethnicity: ____ American Indian/Alaskan Native ____ Asian/Pacific Islander
____ Black, not Hispanic Origin ____ Hispanic ____ White, not of Hispanic Origin

Names of Parents/Step-Parents/Guardians: please include area codes w/ phone numbers

Father's Name

Mother's Name

Father's Home Phone

Mother's Home Phone

Father's Work Phone

Mother's Work Phone

Father's Cell Phone or Pager

Mother's Cell Phone or Pager

Email Address

Email Address

If your child becomes ill or is injured at school and we are unable to reach you, whom should we notify?

Name _____

Name _____

Relationship _____

Relationship _____

Phone Number () _____

Phone Number () _____

Signature of Parent/Guardian

MERTON COMMUNITY SCHOOL DISTRICT

Child's First & Last Name _____ Grade _____

I authorize school personnel to call emergency medical response / or emergency ambulance or rescue squad in cases of emergency, serious accident or illness for the _____ school year.

Signature of Parent/Guardian

Date

.....
Doctor's Name _____

Dentist's Name _____

Phone () _____

Phone () _____

EMERGENCY SCHOOL CLOSING INFORMATION

Child's Name _____ Grade _____

In the event school is closed early, my child(ren) should: (please check one)

☐ Ride his/her regular bus home

☐ Walk home

☐ Will be picked up by _____

☐ Go to a baby sitter: Name _____
Phone () _____

☐ Other _____

Is there any person or persons that are legally forbidden from removing your child(ren) from the Merton Community School District?

_____ Yes

_____ No

If yes, **please provide written legal documentation** regarding person's name, address, circumstances, etc. The district cannot prevent the named person from removing your child(ren) from school without legal documentation. If you have questions/concerns, please contact your building principal.

STUDENT HEALTH HISTORY

The following questions are asked to assist in determining your child's needs in a school setting.

Child's Name _____

Sex _____

CHILD'S HEALTH HISTORY – PLEASE COMPLETE A1, A2 AND A3

(Circle Y or N for each condition)

A. CURRENT HEALTH STATUS

1. Check any which apply to your child:

_____ **Allergies** Y N

Allergic to _____

Symptoms are _____

_____ **Congenital (from birth) Problem** Y N

_____ **Diabetes** Y N

_____ **Heart Condition** Y N

_____ **High Blood Pressure** Y N

_____ **Seizure Disorder** Y N

Last seizure _____

_____ **Asthma** Y N

Last attack _____

Does your child take "emergency" or as needed meds for asthma? _____

Does your child take daily medication for asthma? _____

What triggers or brings on symptoms? _____

_____ **Bone and Joint Disease** Y N

Please explain any area/s checked above:

2. Is your child currently taking medication? Yes _____ No _____

Will he/she need to take medication at school? Yes _____ No _____

If yes, a **Medication Permission Form** must be on file in the school office.

3. Does your child have a health condition not listed above that appropriate school personnel should be aware of?

Yes _____ No _____

If yes, explain _____

IMMUNIZATION HISTORY

Complete immunization records **are required for enrollment** in the Merton Community School District. Please provide a copy of your child's immunization history with these forms.

SPECIAL EDUCATION NEEDS

Has your child ever been referred for special education services? Yes ____ No ____

Does your child receive special education services? Yes ____ No ____

If yes, does your child have an individualized education program (IEP)? Yes ____ No ____

Are there any other circumstances that you feel we should be aware of? Yes ____ I would like to speak with a representative for the district (ie: principal, counselor, school psychologist)

HOME LANGUAGE SURVEY

Student's Name _____ Grade ____ Date _____

Relationship of person completing the survey: ☐ Parent ☐ Guardian ☐ Other _____ Initials

Directions: Check the correct response for each of the following questions and indicate other languages where appropriate:

What language did the student learn when she/he first began to talk? ☐ English ☐ Other _____

What language does the family speak in the home most of the time? ☐ English ☐ Other _____

What language does the parent/guardian speak to the child most of the time? ☐ English ☐ Other _____

What language does the student speak to the parent/guardian most of the time? ☐ English ☐ Other _____

What language does the student speak to her/his sisters/brothers most of the time? ☐ English ☐ Other _____

What language does the student speak to her/his friends most of the time? ☐ English ☐ Other _____

Does your child speak/hear any other language at home? ☐ NO ☐ YES If yes, what language? _____

Has your child ever received ESL/ELL services? ☐ NO ☐ YES
If YES, when were these services received? _____

FOR OFFICE USE ONLY: Route to ELL ☐ Yes ☐ No

State Statute 115.96(2)

This information must be completed by NEW STUDENTS ONLY!

Please provide the name, address, phone and fax numbers of your child's previous school

School Name _____

Address _____

Phone Number () _____ Fax Number () _____

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I authorize the sharing of pertinent medical information by the school district with school personnel, the bus company and others deemed necessary and appropriate by the school.

Parent Signature _____ Date _____

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I authorize the sharing of pertinent medical information by the school district with school personnel, the bus company and others deemed necessary and appropriate by the school. Signature below also authorizes the Merton Community School District to release to the Arrowhead Union High School District standardized assessment and other achievement data on my child as it becomes available during the 8th grade year, for programmatic and planning purposes.

Parent Signature _____ Date _____