

LUCY T. DAVIS ELEMENTARY SCHOOL REGISTRATION FORM

Student's Name: _____ Grade _____

Last Name

First Name

Middle Name

Date of Birth ____/____/____

Sex: M F

Race: _____

Has this student EVER attended another school in Florence School District 1? _____

Name of School

Does the student have access to the internet from home? Yes No

Is student receiving special services? (speech, resource, etc.) _____

Student lives with (check those that apply) Mother Father Guardian

Name of brothers and/or sisters also attending LTD: _____

Student's Home Address: _____
Street City State Zip Code

Mother's/Guardian's Name: _____ Home# _____

Place of Employment: _____ Work # _____

Cell # _____ Email Address: _____

Father's/Guardian's Name: _____ Home# _____

Place of Employment: _____ Work # _____

Cell # _____ Email Address: _____

Persons authorized to sign student out other than the above:

	List Name	Relation to child	List Phone Numbers
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

HEALTH INFORMATION:

MEDICAID # _____

Does this student have any food or other allergies?

Are there any current or past health problems that the school nurse needs to be made aware of?

***If your child will be taking any medication at school, we must have a Physician's permission form.**

Does medication need to be taken during school hours? Yes No

If YES, list the name of the medication: _____

Hospital preference in case of an emergency: _____

Other special needs or comments: _____

*****PLEASE CONTACT THE SCHOOL OFFICE WITH UPDATED OR CHANGED INFORMATION THROUGHOUT THE YEAR (PHONE NUMBER, ADDRESS, MEDICAL INFORMATION, ETC.).**

OFFICE USE ONLY

TEACHER _____ Room# _____

Date Enrolled _____ Proof of Res. _____

BUS _____ Car Rider _____