Algoma School District Student Registration/Emergency Form

Student Start Date Grade Level DDB Circle One: Male Female Student's Name [Entril (Last) (First) (M.h) Do you own/rent your own home? Yes = No Address [Street] (City) (State) (Zip) Last School Attended (Name of School) (Address) (City) (State) (Zip) Birthplace (Gity) (State) (Zip) (State) (Zip) Birthplace (Gity) (State) (Zip) (State) (Zip) Birthplace (City) (State) (Zip) (State) (Zip) Primary Phone # Primary language other than English: Does your child require any Special Education or other services? = Yes = No If yes, please select in Decline to indicate, = Unknown, = Columbian, = Ecuadorian, = Guatemalan, = Mexican, = Puerto Rican, = Skivadoran, = Spanish, = Other = Primary Plane # Puerto Rican, = Skivadoran, = Skivad	Registration Fee: Please make che	cks payable to Algoma Sch	ool District 🗆 K-8t	h Grade \$10 🗆 9th –12th Grade \$50					
(List) (First) (M.I.) Do you own/rent your own home? Yes NO Address (Street) (City) (State) (Zip) Last School Attended (Name of School) (Address) (City) (State) (Zip) Birthplace (City) (State) (Zip) (State) (Zip) Primary Phone #	Student Start Date	_ Grade Level DOB		Circle One: Male Female					
Do you own/rent your own home? □ Yes □ No Address	Student's Name	/-· · · ·	(24.1)						
Address			(M.I.)						
Last School Attended									
Birthplace	Address(Street)	(City) (State)	(Zip)					
Birthplace	Last School Attended	(Address)		(Choho) (7:n)					
Primary Phone #Primary language other than English: Does your child require any Special Education or other services? LYSNO If yes, please explain	(Name of School	i) (Address)	(City)	(State) (Zip)					
Does your child require any Special Education or other services? PYe = No If yes, please explain	(City)	State) (County)							
If yes, please explain Ethnicity: :::::::::::::::::::::::::::::::::::	Primary Phone #	Primary languag	e other than English:_						
Ethnicity: Ves, Hispanic/Latino If yes, please select: Decline to indicate, Unknown, Columbian, Salvadoran, Spanish, Other									
If yes, please select: Decline to indicate, Unknown, Columbian, Ecuadorian, Guatemalan, Mexican, Puerto Rican, Salvadoran, Spanish, Other	If yes, please explain								
If yes, please select: Decline to indicate, Unknown, Columbian, Ecuadorian, Guatemalan, Mexican, Puerto Rican, Salvadoran, Spanish, Other									
□ Salvadoran, □ Spanish, □ Other Please select one or more: □ American Indian or Alaska Native (Tribal Affiliation 1 Affiliation 2, Affiliation 3, □ Asian, □ Black or African American, □ Native Hawaiian or Pacific Islander, □ White Mother's Name Email address Address (if different than student) (Street) (City) (State) (Zip) Home/Cell Phone Daytime Phone Email address Address (if different than student) (Street) (City) (State) (Zip) Home/Cell Phone Daytime Phone Email address Address (if different than student) (Street) (City) (State) (Zip) Home/Cell Phone Daytime Phone Email address Address (if different than student) (Street) (City) (State) (Zip) Home/Cell Phone Daytime Phone Email address Address (if different than student) (Street) (City) (State) (Zip) Home/Cell Phone Daytime Phone Email address Address (if different than student) (Street) (City) (State) (Zip) Home/Cell Phone Email address Address (if different than student) (Street) (City) (State) (Zip) Home/Cell Phone Daytime PhoneEmail address Address (if different than student)	Ethnicity: Yes, Hispanic/Latino No, n 	ot Hispanic/Latino							
Please select one or more: American Indian or Alaska Native (Tribal Affiliation 1 Affiliation 2 Affiliation 3 Native Hawaiian or Pacific Islander, White Mother's Name Email address Address (if different than student) (City) (Street) (City) (Street) Daytime Phone Email address Address (if different than student) (Street) (City) (Street) (City) <tr< td=""><td colspan="8">If yes, please select: 🗆 Decline to indicate, 🗆 Unknown, 🗆 Columbian, 🗆 Ecuadorian, 🗆 Guatemalan, 🗆 Mexican, 🗆 Puerto Rican,</td></tr<>	If yes, please select: 🗆 Decline to indicate, 🗆 Unknown, 🗆 Columbian, 🗆 Ecuadorian, 🗆 Guatemalan, 🗆 Mexican, 🗆 Puerto Rican,								
Affiliation 2	🗆 Salvadoran, 🗆 Spanish, 🗆 Other								
Native Hawaiian or Pacific Islander, D White Mother's Name Address (if different than student) (Street) (Street) Daytime Phone Email address Address (if different than student) (Street) (Stre	Please select one or more: American Indian or Alaska Native (Tribal Affiliation 1								
Mother's Name Email address Address (if different than student)	Affiliation 2	, Affiliation 3), □Asian, □ Black or African American,					
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(Street) (City) (State) (Zip) Home/Cell Phone Email address Address (if different than student)	Mother's Name Email address								
Home/Cell Phone Daytime Phone Employer Father's Name Email address Address (if different than student) (City) (Street) (City) (Street) Daytime Phone Daytime Phone Employer Guardian: Step-Father, Step-Mother, Other (please circle one that applies) Guardian Name Email address Address (if different than student) Email address (Street) (City) (Street) (City) (Street) (City) (Street) (City) (Street) (City) (Street) (City) With whom does this child reside? Who has custody?			(State)	(Zin)					
Father's Name Email address Address (if different than student)	· ·	, , , , , , , , , , , , , , , , , , , ,	()						
Address (if different than student) (Street) (City) Home/Cell Phone Daytime Phone Employer									
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Home/Cell Phone Daytime Phone Employer Guardian: Step-Father, Step-Mother, Other (please circle one that applies) Guardian Name Email address Address (if different than student) Email address (Street) (City) (State) Home/Cell Phone Daytime Phone Employer Employer									
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Guardian Name Email address Address (if different than student) (City) (Street) (City) (Street) Daytime Phone Employer Employer	Home/Cell Phone	Daytime Phone		_Employer					
Guardian Name Email address Address (if different than student) (City) (Street) (City) (Street) Daytime Phone Employer Employer	Guardian: Sten-Father, Sten-Mother, Ot	her (nlease circle one that annlie	s)						
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(Street) (City) (State) (Zip) Home/Cell Phone Daytime Phone Employer With whom does this child reside? Who has custody?			Email address						
With whom does this child reside? Who has custody?		et) (City)	(State)	(Zip)					
	Home/Cell Phone	Daytime Phone		Employer					
Who listed above should receive school mailings?	With whom does this child reside?		Who has custody?_						
	Who listed above should receive school	mailings?							
	(Stre Home/Cell Phone With whom does this child reside?	et) (City) Daytime Phone	_ Who has custody?_	_ Employer					

Please list other children that live in the household—ages birth to 19 (List DOB, circle M or F)								
1	DOB	M F	3	DOB	M F			
2	DOB	M F	4	DOB	M F			
Emergency Contact/Medical—In		ition when we	e cannot reach you at home o	r work, please list people wh	o have			
agreed to take responsibility for y			Deletionship to shild					
Contact #1 Name			Vork Phone					
Contact #2 Name								
			Vork Phone		-			
Contact #3 Name								
			Vork Phone		-			
		V	Vork Hone					
Guardian Alert—Is there someor								
If yes, please explain								
Medical Treatment Release								
Doctor Name		Phone # _		-				
Preferred Hospital								
Dentist Name		Phone #						
Allergies								
Special Medical Considerations/Medical Alert Text								
In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to make emergency care decisions for my child in his/her best interest at parental/guardian expense. Please note that preferred hospital may not be available.								
As a parent/guardian, I authorize medical personnel to render necessary medical treatment to my child and to release to the school the medical facilities to which my child is transferred to and/or admitted.								
I give my permission to share the information on the Registration/ Emergency Information form with the appropriate Algoma School District personnel to promote the health and safety of my child, thus enhancing his/her ability to learn.								
Parent/Guardian Signature				Date				
Vehicle Information (High Schoo	l Only)							
Car license #	Make		Model	Year				
Color Vehicle insured? Yes No Insurance Company								