

**SCHOOL DISTRICT OF RANDOM LAKE  
2016-17 Registration/Verification Form**

**Student's Information:**

Previously Attended RLSD?  Y  N If **NO**, Last School Attended: \_\_\_\_\_

Legal Name (Last, First, Middle): \_\_\_\_\_ Grade (Fall 2016): \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Student's Cell Phone: \_\_\_\_\_

Is student Hispanic or Latino?	<input type="checkbox"/> Y <input type="checkbox"/> N	Select all that apply:	<input type="checkbox"/> Amer Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African Amer
			<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	

Birth City & State: \_\_\_\_\_ Birth County: \_\_\_\_\_

Primary Home Phone: \_\_\_\_\_

Primary Residence: \_\_\_\_\_

School District of Residence: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Other Siblings (School Age or Younger) Living at Student's Primary Address:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

**Mother's Information:**

Name (Last, First): \_\_\_\_\_ Legal Guardian?  Y  N

Home Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Stepfather's Name: \_\_\_\_\_ Stepfather's Phone: \_\_\_\_\_

**Does a Court Order Deny Mother Contact w/Student?**  Y\*  N \*IF "Y" PLEASE PROVIDE COPY OF ORDER  
**If Student Does NOT live w/Mother, Would Mother Like to Receive Extra Mailings?**  Y  N

**Father's Information:**

Name (Last, First): \_\_\_\_\_ Legal Guardian?  Y  N

Home Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Stepmother's Name: \_\_\_\_\_ Stepmother's Phone: \_\_\_\_\_

**Does a Court Order Deny Father Contact w/Student?**  Y\*  N \*IF "Y" PLEASE PROVIDE COPY OF ORDER  
**If Student Does NOT live w/Father, Would Father Like to Receive Extra Mailings?**  Y  N

**Guardian Information (Listed as Mother or Father Unless Guardianship is Other):**

Name (Last, First): \_\_\_\_\_ *Legal Guardian?*  Y  N

Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

Guardian Spouse: \_\_\_\_\_ Guardian Spouse Ph: \_\_\_\_\_

**Emergency Contacts:**

Name of 1<sup>st</sup> Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Name of 2<sup>nd</sup> Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

AM Daycare/Sitter Name: \_\_\_\_\_ Phone: \_\_\_\_\_

PM Daycare/Sitter Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information:**

Primary Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Asthma  Diabetes  Epilepsy  Heart Disease

Allergies: \_\_\_\_\_

Physical Handicaps: \_\_\_\_\_

Significant Medical History/Other Issues: \_\_\_\_\_

Has your child received immunizations and/or boosters in the past year?  Y  N (if Y, please provide record)

I/We authorize school personnel to refer our child to our family doctor/dentist in the event we cannot be readily contacted and authorize the doctor/dentist to treat the child. If either our doctor/dentist or I/we cannot be reached and/or the situation is recognized by the attending adult as an emergency, I/we give the school permission to arrange transportation for the child to a medical doctor/dentist and/or medical facility. I/we agree to assume all costs involved, including possible ambulance fees.

\_\_\_\_\_  
Signature of Parent(s)/Guardian(s)

\_\_\_\_\_  
Date

*I confirm that I have reviewed and/or corrected all registration information as needed.* \_\_\_\_\_ (Initials)