

School Year _____

Date: _____

FREDERICK COUNTY PUBLIC SCHOOLS
STUDENT REGISTRATION/EMERGENCY FORM
OFFICIAL SCHOOL DOCUMENT

Grade: ____

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Full Legal Name of Student LAST FIRST MIDDLE NAME USED SUFFIX

Gender: Male Female Date of Birth: City and State of Birth:

Has this student ever attended a Frederick County School? Yes No If yes, which school?

School Last Attended:

Student Home Phone: Student's Primary Language: Office Use only: Alert Language:

Race: American Indian or Alaskan Native White Black Hispanic: Yes No
Native Hawaiian or Other Pacific Islander Asian

Relationships: Father / Mother / Stepfather / Stepmother / Guardian / Foster Parent / Other (Describe)

Student Lives with:

Primary Contact LAST FIRST MIDDLE RELATIONSHIP

Home Address: HOME PHONE

Mailing Address: If Different from Home

Employer: Work Phone Extension

Is this parent/guardian an active duty member of the uniformed services? Yes No If Yes, Active or Reserve

Cell Phone: Email Address:

Alternate Cell Phone: Alternate Email:

Student Lives with:

Secondary Contact LAST FIRST MIDDLE RELATIONSHIP

Employer: Work Phone Extension

Is this parent/guardian an active duty member of the uniformed services? Yes No If Yes, Active or Reserve

Cell Phone: Email Address:

Alternate Cell Phone: Alternate Email:

Please enter Alternate Family information (if applicable)

Primary Contact LAST FIRST MIDDLE RELATIONSHIP

Home Address: HOME PHONE

Mailing Address: If Different from Home

Employer: Work Phone Extension

Is this parent/guardian an active duty member of the uniformed services? Yes No If Yes, Active or Reserve

Cell Phone: Email Address:

Alternate Cell Phone: Alternate Email:

Please enter Alternate Family information (if applicable)

Secondary Contact LAST FIRST MIDDLE RELATIONSHIP

Employer: Work Phone Extension

Is this parent/guardian an active duty member of the uniformed services? Yes No If Yes, Active or Reserve

Cell Phone: Email Address:

Alternate Cell Phone: Alternate Email:

**FREDERICK COUNTY PUBLIC SCHOOLS
STUDENT REGISTRATION/EMERGENCY FORM**

Full Legal Name of Student _____
 LAST FIRST MIDDLE NAME USED SUFFIX

Emergency Contact Information:

<u>NAME (LAST, FIRST)</u>	<u>RELATIONSHIP</u>	<u>HOME PHONE</u>	<u>ALTERNATE PHONE</u>
_____	_____	(____) _____	(____) _____
_____	_____	(____) _____	(____) _____
_____	_____	(____) _____	(____) _____
_____	_____	(____) _____	(____) _____
_____	Child Care Provider	(____) _____	(____) _____

Child Care Provider's address: _____

Please list your child's significant health problems. (Be sure to list any chronic medical conditions, drug allergies or special instructions in case of a medical emergency.)

Student's Doctor: _____ Phone: (____) _____

Child's Health Insurance: None FAMIS Plus (Medicaid) FAMIS Private/Commercial/Employer sponsored

The school has my permission to contact the emergency contact, family physician, or other physician in an emergency when family physician or I cannot be contacted. The school has my permission to disclose information concerning student drug allergies, significant health problems, and chronic medical conditions to the Transportation Department for use in an emergency. The school has my permission, in an emergency when I or my physician cannot be contacted, to take my child to the emergency room of the nearest hospital, at my expense, and the hospital and the medical staff have my authorization to provide treatment which the physician deems necessary for the well being of the above mentioned student. The individuals I have listed as Emergency Contacts have my authorization to pick up my child in an emergency situation in which I cannot be reached.

Please list the names of all other children living in the home:

<u>FULL NAME</u>	<u>MALE/FEMALE</u>	<u>BIRTH DATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mother's Maiden Name: _____

Has this child ever been placed in a special instruction program? Yes No

If so, please specify program: _____

Check here if Student Record is Restricted. (If box is checked you **must** provide supporting legal documentation to the school office.)

Additional Information: _____

Signature of Parent/Legal Guardian: _____ **Date:** _____

PUBLIC NOTICE OF NON-DISCRIMINATION: Frederick County Public Schools does not discriminate on the basis of race, color, national origin, religion, sex, age, political affiliation, disability, or veteran status in the education program and activities, or employment. This non-discrimination also applies to admission to programs.

Office Use Only	School: _____	Student ID: _____
Primary Ethnic group (if multiple): _____		
Proof of Birth Certificate Number: _____		
Student's Pre-kindergarten Experience: KINDERGARTEN STUDENTS ONLY		
<input type="checkbox"/> Home with care giver/family member	Hours/day: _____	<input type="checkbox"/> - 20 <input type="checkbox"/> - 40
<input type="checkbox"/> Licensed preschool or Licensed day care at a person's home	Hours/day: _____	<input type="checkbox"/> - 21 <input type="checkbox"/> - 50
<input type="checkbox"/> Non-licensed private preschool or Non-licensed day care:	Hours/day: _____	<input type="checkbox"/> - 22 <input type="checkbox"/> - 51
<input type="checkbox"/> Head start	Hours/day: _____	<input type="checkbox"/> - 23 <input type="checkbox"/> - 60
<input type="checkbox"/> Special Education	Hours/day: _____	<input type="checkbox"/> - 30 <input type="checkbox"/> - 61
<input type="checkbox"/> Other Name: _____	Hours/day: _____	<input type="checkbox"/> - 31