

**D.C. EVEREST AREA SCHOOL DISTRICT
REGISTRATION FORM FOR NEW STUDENTS**

Student ID# _____

For Office Use Only DOB Verified: Yes No

Today's Date: _____ Date Starting School: _____ School: _____

Student's Full Legal Name: (Last) _____ (First) _____ (Middle) _____

Student's Nickname (or American name): _____

Grade: _____ Sex: _____ Date of Birth: ____/____/____ Birthplace (City, State): _____, _____
mm dd yyyy

Is student Hispanic or Latino? (must circle one) [Yes, Hispanic or Latino] or [No, Not Hispanic or Latino]
 Race (circle all that apply, must choose at least one): [American Indian/Alaskan Native] [Asian] [Black/African American] [Pacific Islander/Native Hawaiian] [White]
 Language spoken in home (if other than English): _____ Date student started school in the United States: ____/____/____
 Has this student ever been serviced by special education? ____ yes ____ no
 Has this student ever been expelled or denied entrance into a school? ____ yes ____ no
 Has this student ever been enrolled in the D.C. Everest District? ____ yes ____ no

Last School Attended: _____ Withdrawal date: _____ Address: _____

Parent/Guardian Information (Where child primarily resides)

Name(s): _____ Relationship (parents, mother, father, stepparents, etc.): _____
 Address: _____ Apt/Lot # _____ City, State, Zip: _____
 Home Phone: (____) _____ - _____ *All work and emergency numbers listed should be where people can be reached during the day.
 Email Address (Dad): _____ Email Address (Mom): _____
 Work Place (Dad): _____ Dept: _____ Phone: (____) _____ - _____ Ext. _____
 Work Place (Mom): _____ Dept: _____ Phone: (____) _____ - _____ Ext. _____
 Cell Phone: (____) _____ - _____ Name: _____ Cell Phone: (____) _____ - _____ Name: _____
 Emergency Contact 1-Name: _____ Relationship: _____
 Emergency Contact 1 Location (home, workplace, etc.): _____ Phone: (____) _____ - _____ Ext. _____
 Emergency Contact 2-Name: _____ Relationship: _____
 Emergency Contact 2 Location (home, workplace, etc.): _____ Phone: (____) _____ - _____ Ext. _____

Second Parent/Guardian Information (Only necessary if child has secondary custodial arrangements or contacts due to divorce, etc.)

Name(s): _____ Relationship (parents, mother, father, stepparents, etc.): _____
 Address: _____ Apt/Lot # _____ City, State, Zip: _____
 Home Phone: (____) _____ - _____ *All work and emergency numbers listed should be where people can be reached during the day.
 Email Address (Dad): _____ Email Address (Mom): _____
 Work Place (Dad): _____ Dept: _____ Phone: (____) _____ - _____ Ext. _____
 Work Place (Mom): _____ Dept: _____ Phone: (____) _____ - _____ Ext. _____
 Cell Phone: (____) _____ - _____ Name: _____ Cell Phone: (____) _____ - _____ Name: _____
 Emergency Contact 1-Name: _____ Relationship: _____
 Emergency Contact 1 Location (home, workplace, etc.): _____ Phone: (____) _____ - _____ Ext. _____
 Emergency Contact 2-Name: _____ Relationship: _____
 Emergency Contact 2 Location (home, workplace, etc.): _____ Phone: (____) _____ - _____ Ext. _____

Custodial Arrangement (Please circle one):

- | | | |
|-------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------|
| 00-Both parents | 05-Mother has custody, father wants copies of report cards, etc. | 12-Divorced, father has custody |
| 15-Both parents, different last names | 06-Father has custody, mother wants copies of report cards, etc. | 13-Separated, child lives with mother |
| 01-Single parent, no other spouse, mother has custody | 07-Mother has custody, father cannot see child | 14-Separated, child lives with father |
| 02-Single parent, no other spouse, father has custody | 08-Father has custody, mother cannot see child | 16-Joint custody |
| 03-Married, father is stepparent | 09-Foster Parents | 17-Joint custody, mother has physical custody |
| 04-Married, mother is stepparent | 10-Relative: _____ | 18-Joint custody, father has physical custody |
| | 11-Divorced, mother has custody | Other: _____ |

Family Information (Please list all school age children living in your household):

Full Legal Name	Birthdate	Sex	School (If Any)	Grade
	/ /			
	/ /			
	/ /			
	/ /			
	/ /			

Continued on page 2

MEDICAL INFORMATION

Student's Name: (Last) _____ (First) _____ (Middle) _____

Grade: _____ School: _____

Doctor's Name: _____ Doctor's Phone: (_____) _____ - _____

Dentist's Name: _____ Dentist's Phone: (_____) _____ - _____

Health Problems (Circle all that pertain):

- | | | |
|--------------------------------------|--------------------------------|---------------------------|
| 33 Allergic to Anesthesia | 40 Cancer | 54 Lactose Intolerance |
| 51 Allergic to Animals | 83 Celiac Disease | 42 Liver Condition |
| 03 Allergic to Bee Stings | 12 Cerebral Palsy | 16 Migraines/Headaches |
| 77 Allergic to Dust Mites | 87 Crohn's Disease | 52 Narcolepsy |
| 75 Allergic to Environmental Pollens | 11 Cystic Fibrosis | 73 Neurological Condition |
| 66 Allergic to Foods | 09 Diabetes | 57 Organ Transplants |
| 67 Allergic to Latex | 34 Endocrine Condition | 72 Orthopedic Condition |
| 04 Allergic to Medications | 41 Eye Condition | 86 PKU |
| 79 Allergic to Metals | 78 Genetic Condition | 06 Seizure Disorder |
| 76 Allergic to Molds | 14 Hearing Impaired | 63 Sickle Cell Anemia |
| 81 Anaphylactic Allergy Bee Stings | 05 Heart Condition | 38 Skin Condition |
| 80 Anaphylactic Allergy to Foods | 07 Hemophilia | 74 Spina Bifida |
| 82 Anaphylactic Allergy to Latex | 69 Hypoglycemia | 46 Tourette Syndrome |
| 08 Arthritis | 71 Immunosuppressed Condition | 84 Type 2 Diabetes |
| 01 Asthma | 30 Irritable Bowel Syndrome | |
| 85 Bleeding Disorder | 39 Kidney or Bladder Condition | |

Other health problem (please list): _____

If any health condition was indicated above, please explain, including symptoms, and treatment for conditions.

Does child have permission to participate in field trips? (Circle) YES NO

It is understood that the District nursing staff will share your child's health conditions with his/her teachers on a need-to-know basis.

I agree that if my child receives medical treatment and/or is hospitalized during the course of the school day or a school event, his/her name may be released to school district officials to confirm the location of the student.

Parent's/Guardian's Signature: _____

cc: Health Assistant