

# SCHOOL DISTRICT OF SPENCER

Student Registration and Permissions Form				Date: _____	
<b>STUDENT LEGAL NAME</b> (Last)		(First)		(Middle)	
<b>BIRTH</b> (Month/Day/Year)	<b>STUDENT CELL PHONE NUMBER</b>	<b>SEX</b> (Circle One) Male    Female		<b>GRADE ENTERING</b>	
<b>BIRTH CITY</b>	<b>BIRTH COUNTY</b>	<b>BIRTH STATE</b>		<b>SIBLINGS/AGE</b> 1. _____/_____ 2. _____/_____ 3. _____/_____ 4. _____/_____ 5. _____/_____	
<b>ETHNICITY</b> (required) Do you have a Hispanic/Latino Background? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>VEHICLE REGISTRATION</b> (HS only – if applicable) Make: _____ Color: _____ License Number: _____			
<b>RACE</b> (select at least one of the following categories) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White		<b>CHILD'S PRIMARY LANGUAGE</b> <input type="checkbox"/> English <input type="checkbox"/> Korean <input type="checkbox"/> French <input type="checkbox"/> Polish <input type="checkbox"/> German <input type="checkbox"/> Spanish <input type="checkbox"/> Italian <input type="checkbox"/> Swedish <input type="checkbox"/> Other _____		<b>PREVIOUS ENGLISH LANGUAGE SERVICES RECEIVED</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>STATUS OF HOME – LIVING WITH</b> (all that apply) *for school purposes, stepparent infers legal rights <input type="checkbox"/> Mother and Father (joint household) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother and Stepfather <input type="checkbox"/> Foster Parents <input type="checkbox"/> Father and Stepmother <input type="checkbox"/> Legal Guardian as appointed by the court				<b>NAME OF PERSON RESPONSIBLE FOR FOOD SERVICE ACCOUNT</b> (Breakfast, Lunch, and/or Snack) _____	
PRIMARY PARENT / GUARDIAN RESIDENCE					
<b>PARENT</b> (First, Last)		<b>Circle One:</b> mother / father / stepmother / stepfather (legally married)		<b>SPOUSE</b> (First, Last)	
<b>Circle One:</b> mother / father / stepmother / stepfather (legally married)		<b>Circle One:</b> mother / father / stepmother / stepfather (legally married)			
<b>ADDRESS</b> (Street)			If living with someone other than your spouse, is this due to loss of housing or an economic hardship? <input type="checkbox"/> Yes <input type="checkbox"/> No By checking yes, you will be added to the district's homeless report.		
(City/Zip)					
(Mailing Address, if different)			<b>PRIMARY FAMILY PHONE #</b>		
<b>CELL</b>	<b>WORK #</b>		<b>CELL</b> (spouse)	<b>WORK #</b> (spouse)	
<b>PRIMARY EMAIL</b> (may be used for notifications)			<b>PRIMARY EMAIL</b> (spouse) (may be used for notifications)		
<b>EMPLOYER</b> (Dept / Extension / Supervisor)			<b>EMPLOYER</b> (spouse) (Dept / Extension / Supervisor)		
(for <i>DUAL</i> households only) SECONDARY PARENT / GUARDIAN RESIDENCE					
<b>PARENT</b> (First, Last)		<b>Circle One:</b> mother / father / stepmother / stepfather (legally married)		<b>SPOUSE</b> (First, Last)	
<b>Circle One:</b> mother / father / stepmother / stepfather (legally married)		<b>Circle One:</b> mother / father / stepmother / stepfather (legally married)			
<b>ADDRESS</b> (Street)			(City/Zip)		
(Mailing Address, if different)			<b>PRIMARY FAMILY PHONE #</b>		
<b>CELL</b>	<b>WORK #</b>		<b>CELL</b> (spouse)	<b>WORK #</b> (spouse)	
<b>PRIMARY EMAIL</b> (may be used for notifications)			<b>PRIMARY EMAIL</b> (spouse) (may be used for notifications)		
<b>EMPLOYER</b> (Dept / Extension / Supervisor)			<b>EMPLOYER</b> (spouse) (Dept / Extension / Supervisor)		

Please make necessary changes and complete both sides of form. Signature Required.

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If any information changes, you must notify a student office.

<b>STUDENT LEGAL NAME</b> (Last)	(First)	(Middle)
<b>THE SCHOOL DISTRICT HAS MY PERMISSION TO ADMINISTER THE FOLLOWING AS DIRECTED ON THE LABEL:</b> <input type="checkbox"/> Tylenol <input type="checkbox"/> Tums <input type="checkbox"/> Benadryl	<b>FORMER SCHOOL ATTENDED (school name/city/state)</b>	
	<b>INDICATE IF YOUR CHILD HAS BEEN ENROLLED IN ANY OF THE FOLLOWING PROGRAMS:</b> <input type="checkbox"/> 504 Plan <input type="checkbox"/> IEP If so, when? <input type="checkbox"/> Currently <input type="checkbox"/> History Of	
<b>MY CHILD HAS A HEALTH CONCERN (If yes, please fill out Medical Health Information Form.)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your child have a social worker? <input type="checkbox"/> No <input type="checkbox"/> Yes: Name _____ Phone Number _____		
<b>IN CASE OF AN EMERGENCY, IF PARENT/GUARDIAN CANNOT BE REACHED, PLEASE CALL</b> (local, daytime numbers)		
Name (other than legal guardians)	Relationship	Daytime Phone Number
1. _____ / _____ / _____		
2. _____ / _____ / _____		
<b>THE FOLLOWING PEOPLE HAVE PERMISSION TO PICK UP MY CHILD</b> ( <u>Elementary Only</u> ) (after school or for appointments)		
Name (other than parents/guardians or emergency contacts)	Relationship	Daytime Phone Number
1. _____ / _____ / _____		
2. _____ / _____ / _____		

**PARENT / GUARDIAN INFORMATION**

<b>Military</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is either parent a member of the military? If so, which?	<input type="checkbox"/> Father <input type="checkbox"/> Mother
If yes, please check the box that fits most appropriately:		
<input type="checkbox"/> Injured <input type="checkbox"/> Killed in Action <input type="checkbox"/> Retired	<input type="checkbox"/> Active Duty, Deployed <input type="checkbox"/> Active Duty, Not Deployed	<input type="checkbox"/> Discharged <input type="checkbox"/> Inactive
<input type="checkbox"/> Student Military Identifier Only	<input type="checkbox"/> Transitioning out of Active Duty	<input type="checkbox"/> AGR Title 10 or NG Title 32

**PARENT / GUARDIAN PERMISSIONS**

Read the following statements and indicate yes or no for each item.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Students may have the opportunity to go on a field trip(s) throughout the school year. If you don't want your child to leave the school at any time for mini (within the district) or major (out of district) field trips, please check no; otherwise check yes, providing your child the opportunity to participate. Please watch for notifications from your student's teacher for information and any fees that may be due.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I give permission to share individually identifying photos and videos of my child (or myself, if 18 or older). Answering yes gives us permission to share identifying videos and/or photos with others (including Internet websites, school sponsored Facebook pages, and media). However, due to the public nature of the activities, participation in extracurricular activities or clubs provides inherent permission to identify students while participating (including concerts, athletic events, graduation programs, and similar activities). By checking yes, you are actively consenting to photos, videos, website postings, taping or televising a class or activity which may identify a student(s) as being part of a special program (including Special Ed, Title 1, etc.). (Note: if your child's picture is part of a group that is not identifiable, it may be used for school sponsored activities, internet websites, etc.).
<input type="checkbox"/> Yes <input type="checkbox"/> No	I give permission for my child to access the internet on an individual basis and I have read the Acceptable Use of Technology Policy. I understand this access is designed for educational purposes. I will not hold the School District of Spencer responsible for materials acquired on the network. I further understand that any violation of school district policy by my child will result in his/her internet privileges being restricted or revoked and may lead to disciplinary action. If the violation constitutes a criminal offense, appropriate legal action will be taken.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I give permission for my child to take possession of a district provided Chromebook and agree to the provisions set in the Acceptable Use of Technology Policy, including costs involved in damage and repair.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I give permission for my child to use Google Apps for Education for school purposes.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I have carefully read the Spencer Student and Parent Handbook and agree to abide by the rules, regulations, and procedures described in it.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I have read the Spencer Visitor Confidentiality Form. By checking yes, I acknowledge the statements listed therein and am stating that I will not divulge information about any student or family outside the school setting.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I give permission for my child to participate in the hearing and vision screening programs provided by Marathon County.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I give permission to share my child's health conditions with bus drivers, coaches, and other non-district staff, as needed.

By signing below, you give permission for \_\_\_\_\_ (child's name) to participate in those items marked yes above.

*If an injury occurs and requires immediate medical treatment, the nearest medical facility will be requested to treat the child. This form signed by the parent or legal guardian will accompany the child and act as an authorization for emergency care. An ambulance or other appropriate transportation will be used to transport the child. The parent or guardian will be sought by the school and/or hospital personnel.*

<b>SIGNATURE OF PARENT / GUARDIAN OR LEGAL AGE STUDENTS</b>	<b>DATE</b>
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Please make necessary changes and complete both sides of form. Signature Required.

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If any information changes, you must notify a student office.