Post Falls School District #273 Student Registration Form Treaty Rock Elementary

Legal Last Name_____Grade_____
First_____Middle_____
Physical Address_____
Mailing Address_____
Parent's E-Mail Address_____
Home Phone_____Message Phone_____
Date of Birth_____ Male_____ Female_____
Ethnicity: Caucasian__ Hispanic__ African American__ Asian__ Native American__ Pacific Islander__
Special Services**:** Does the child *currently* receive any of the following school-based special services?
504 Plan___ Special Education___ Speech/Language___ Occupational Therapy___ Physical Therapy___
Title I___ Gifted/Talented___ Other_____

LAST SCHOOL ATTENDED
School Name_____Phone # _____Fax #_____
Address_____City_____State_____Zip_____
Last Date of Attendance_____ Parent/Guardian Signature_____

PARENT/GUARDIAN INFORMATION
Student lives with: _____(ex: mom/dad, grandparent, guardian, etc.)

Primary Parent _____Home Phone_____Cell Phone_____
Address_____State_____Zip_____
Employer_____Work Phone_____
Relationship to Student _____

Secondary Parent _____Home Phone_____Cell Phone_____
Address_____State_____Zip_____
Employer_____Work Phone_____
Relationship to Student _____

Legal Guardian (other than parent)_____Home Phone_____
Address_____State_____Zip_____
Employer_____Work Phone_____Cell Phone_____

Siblings:
Name_____ _____ _____ _____
School/Grade _____ _____ _____ _____

MILITARY CONNECTED
Is the student a dependent of a member of the United States military serving *active duty* in the Army, Navy, Air Force, Marine Corps, Space Force, or Coast Guard? _____ yes _____ no
Is the student a dependent of a part-time or full-time member of the National Guard, or Reserve Force of the United States military (Army, Navy, Marine Corps, Air Force or Space Force)? _____ yes _____ no

HEALTH HISTORY
Your signature below authorizes this information to be placed in your child's cumulative file.
Please check the appropriate boxes below that pertain to your child now or in the past. ADHD___ Asthma___
Diabetes___ Seizures ___ Cardiac Problems___ Other:_____
Allergies (specify)_____
Current medications:_____
Does your child have a LIFE THREATENING illness or condition that will require a health plan? Yes___ No___
Doctor's Name_____Phone_____
Parent/Guardian Signature_____Date_____

EMERGENCY NOTIFICATION CONSENT

In the event of a school or district-wide emergency, I request that the district notify me through personal e-mail or by text. Please use the personal e-mail address or text phone number listed below:

E-Mail Address:_____ Text Phone Number:_____

Parent/Guardian signature_____Date_____

EMERGENCY INFORMATION

In the event a parent cannot be reached, please list below local relatives or friends we may contact to release your child to in case of illness or school emergency.

1st Name_____Phone #_____ Relation to Student _____

2nd Name_____Phone #_____ Relation to Student _____

3rd Name_____Phone #_____ Relation to Student _____

EMERGENCY CONSENT

In case of an 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 any arrangements necessary for the safety of my student. I give my permission for emergency personnel to provide treatment as needed.

Parent/Guardian signature_____Date_____

NAME / PHOTO / DIRECTORY RELEASE

Permission to have name and/or photo used in media? Yes___ No___

Permission to have photo used in Yearbook? Yes___ No___

Permission to release directory information to school PTO? Yes___ No___

Parent/Guardian signature_____Date_____

FIELD TRIP PERMISSION

During the school year there are times when our instructional program must be taken out of the classroom and into the community. Rather than asking permission for your child to participate on each occasion, your signature below indicates approval for your child to participate in field trips during the current school year. Through published calendars, newsletters or special notes, we will inform you of times and dates of each field trip prior to the event. This will give you an opportunity to contact your child's teacher if you have questions or choose for your child to not participate.

I grant permission for my child to participate on field trips. Yes___ No___

Parent/Guardian signature_____Date_____

STUDENT INSURANCE

Despite the utmost care and supervision, accidents can still occur at school. Parents may bear financial responsibility for accidents that take place on Post Falls School District property or within school facilities. As such, parents should be prepared to cover any medical expenses that may result from injuries sustained by their child while at school. If your child is not currently covered by medical insurance, it is strongly recommended that you consider obtaining additional accident coverage.

I have read and understand the above information concerning medical insurance coverage.

Parent/Guardian signature_____ Date_____

LEGAL RESTRICTIONS

Are there Legal Restrictions regarding contact with this child? Yes___ No___ If yes, a copy of the court order MUST be on file at school. In order to enforce any restrictions on visitation, the school district must be provided copies of legal documents (custody award, restraining order or other court order). Our normal procedure is to contact the custodial parent when individuals attempt to make contact with your child without proper authorization. Please indicate any other procedures you want us to follow._____

_____

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Your child's welfare is our primary concern. Please advise the school immediately of any changes in this information. Your cooperation is appreciated.

Parent/Guardian signature_____ Date_____