

St. Helena Unified School District

Registration/Emergency Information

For office use only: Student # _____ Date Completed: _____ Auth. Initials _____

Last School District:	Last School Attended:

Has this student ever been expelled? yes no If yes, name and location of school: _____

STUDENT INFORMATION:

Last Name	First Name	Middle Name	M/F	Birth Date	Grade
Child resides with: Both parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Shared Custody <input type="checkbox"/> Legal Guardian <input type="checkbox"/>					
Please select whether or not at least one parent/guardian is active in the US Armed Forces Yes <input type="checkbox"/> No <input type="checkbox"/>					
Special Education Services: Yes <input type="checkbox"/> No <input type="checkbox"/> RSP <input type="checkbox"/> Special Day <input type="checkbox"/> Speech/Language <input type="checkbox"/> Other <input type="checkbox"/>					

Father or Guardian

Last Name	First Name	Physical Address (include city, state, zip code)
Home Phone	Business Phone	Mailing Address (include city, state, zip code)
Cell Phone	E-Mail Address	

Mother or Guardian

Last Name	First Name	Physical Address (include city, state, zip code)
Home Phone	Business Phone	Mailing Address (include city, state, zip code)
Cell Phone	E-Mail Address	

Temporary residency options, check if applicable: Family resides in a temporary shelter Family resides in a hotel/motel

Other people to call in case of emergency, who are authorized to take your student from school (list in order of preference).

Name	Phone	Cell Phone	Relationship
1.			
2.			
3.			

MEDICAL RELEASE: In the event that a parent cannot be reached and immediate medical care is needed, the St. Helena Unified School District staff has parental permission to seek such treatment. If primary physician is unavailable, the St. Helena Unified School District staff may seek emergency treatment as needed.

Primary Physician: _____ Phone: _____

Insurance Provider: _____ Medical #: _____

WAIVER: As stated in the California Education Code Section, I understand that I hold the St. Helena Unified School District, its officers, agents, and employees harmless from any liability or claims, which may arise out of or in connection with my child's participation in this activity.

Authorization to release photo to media: yes no

We strive to highlight their achievements in the classroom and during activities through the yearbook, photographs, video, and/or interviews on our websites, newsletters, the newspapers or other media. Checking "yes" will authorize us to positively highlight your child.

List any long term health problems, allergies, or daily medications prescribed for your child: _____

List brother/sisters (name and age): _____

Language preference for receiving information at home: English Spanish

Custodial Parent: _____ **Date:** _____