

New Students

Worcester County Public Schools Emergency Information/Registration Card

Today's Date: _____

PLEASE COMPLETE THE FOLLOWING VITAL INFORMATION

STUDENT INFORMATION				
Legal Last Name		First Name		Middle Name
Social Security No.	Birthdate	Present Grade	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Home Phone

ETHNIC Category	Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No
RACE Category	Everyone <u>must</u> select at least one race below.
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White
	<input type="checkbox"/> Black or African American

PRIMARY HOUSEHOLD INFORMATION: Name of person(s) the STUDENT LIVES WITH. If a student lives with legal guardian, court order of custody papers must be presented to the school.

Living with:				
<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother only	<input type="checkbox"/> Father only	<input type="checkbox"/> Self	<input type="checkbox"/> Agency
<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Mother/Stepfather	<input type="checkbox"/> Father/Stepmother	<input type="checkbox"/> Stepfather/Stepmother	<input type="checkbox"/> Other (specify)
Mother's/Guardian Last Name	First Name	Employer/Address	Business Phone #	Cell Phone #/Emergency #
Father's/Guardian Last Name	First Name	Employer/Address	Business Phone #	Cell Phone #/Emergency #
Parent/Legal Guardian Street Address			City	Zip
Mailing Address (if different from above)			City	Zip

Parent/Guardian email: _____

What is your child's country of birth (if other than USA)? _____

What date did your child first enter the USA? _____

Residence Verification - If your address changes, please provide new documentation. The residence information provided on this form is true and accurate as of this date. I understand that falsification of an address or the use of any other fraudulent means to achieve an enrollment in any Worcester County Public School, will result in immediate revocation of enrollment and other appropriate action being considered.

Signature of Parent/Legal Guardian: _____ Date: _____

EMERGENCY INFORMATION: List two local persons (**other than yourself**) usually available during the school day who have agreed to care for and provide transportation for your student if he/she becomes ill or injured and you cannot be reached. We attempt to contact parents first.

Name	Relationship to student	Address	Daytime Phone #
Name	Relationship to student	Address	Daytime Phone #

Enter the name of your family physician who may be contacted by school staff members when a parent cannot be reached and medical assistance is indicated.

Family Physician	Address	Phone#
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Do you have medical insurance or medical assistance? Y N Medical Assistance #: _____

Insurance Company: _____ Insurance #: _____

Please complete side 2 of the Emergency Card - over

Emergency First Aid Consent

Many times a parent cannot be located immediately, and for this reason we feel that written permission should be available in school files for whatever treatment is needed for the student. If you are in agreement with this policy, please sign the form at the place indicated below.

In the event of serious injury or illness of my child while at school, and I cannot be located for verbal permission, I hereby give the school my written permission to obtain or give emergency medication and treatment.

Date: _____ Parent/Legal Guardian's Signature: _____

Transportation Information (please check)

- Transported by parent/or/walk: To school From school
- Transported by school bus

Pick-up address: _____

Address delivered to after school: _____

My child will be attending the following after-school program: _____

Option To Restrict Disclosure Of Student Directory Information

The Family Educational Rights and Privacy Act (Public Law 93-380) authorizes local school systems to disclose certain information from the educational records of a student that is designated as directory information. This designation includes basic biographical information only, **NOT** student grades, test results, or any part of academic or discipline records. You have the right to restrict the school system from releasing any category of directory information about your child by indicating below. Please be aware that if you elect to restrict the release of directory information about your child, information about that child cannot be included in school publications, honor roll or other recognition lists, graduation programs, theatre programs or sports rosters or similar items.

Note: There are other provisions, in law, which allow school systems to release information about students without parental permission under limited circumstances.

- Please **ONLY** check this box if you wish to restrict the disclosure of student directory information.

Is your child a foster child? Yes No

Is either parent or guardian assigned to active military duty? Yes No

For Junior and Senior High School Students Only

Dear Juniors, Seniors and Parents/Guardians:

As part of the "No Child Left Behind Act," the branches of the military service by law may request the names, addresses and phone numbers of juniors and seniors in order to contact the students directly to provide information on programs available in the military. If you **DO NOT** wish to have your child's name included in this list, please fill out the section below and return it to your child's school.

If you do not return this form, your child's directory information will be released to all branches of the military service.

- I DO NOT** want the name, address and phone number of _____, released to the military services.

Print name of student

Parent Signature