

**Post Falls School District #273**  
**Mullan Trail Elementary**

**Student Registration Form**

<b>For Office Use Only</b>	
Date Enrolled _____	
Homeroom Teacher _____	
Grade _____	
Birth Certificate	Y N
Immunizations	Y N
Health Alert	Y N
Directory Release	Y N
Field Trip	Y N
Internet Use	Y N
Court Order	Y N

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: Has child received any special services? Previously Currently (Please circle one)  
Special Education\_\_ Speech/Language\_\_ Occupational Therapy\_\_ Physical Therapy\_\_  
Title I\_\_ Gifted/Talented\_\_ 504 Plan\_\_ 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 \_\_\_\_\_

List language(s) spoken in the home: \_\_\_\_\_

**Siblings:**

Name \_\_\_\_\_  
School/Grade \_\_\_\_\_

**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.

1 <sup>st</sup> Name _____	Phone # _____	Relation to Student _____
2 <sup>nd</sup> Name _____	Phone # _____	Relation to Student _____
3 <sup>rd</sup> 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 newspaper/educational display/website? 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

Post Falls School District #273 does make student medical insurance available to families for their individual purchase. Brochures outlining the coverage and premiums are handed out at the beginning of the school year, and are available at the school office after that time. Even with the greatest precautions and the closest supervision, accidents can and do happen at school. They are a fact of life and part of the growing-up process our children go through. Parents, please be prepared to pay for your child's possible medical expenses that may arise should your child be injured at school.

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. \_\_\_\_\_

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 \_\_\_\_\_