

Marshall County Schools

Student Registration / Guardian / Household Information

Date of Enrollment _____

Teacher _____
Room/Grade _____

Student Census/Enrollment Information **Please Print**

Student's Full

Legal Name _____

Grade ____ Gender ____ M ____ F Date of Birth ____/____/____ State/County of Birth _____ SS# _____
Last First Middle (Full)
MM/DD/YY

Household/Residence Address _____ Apt/Bldg _____
(Must have a physical address, not a PO Box)

City _____ County _____ State ____ Zip _____

Household Telephone (____) _____ Cell Phone (____) _____

Transportation: CAR RIDER _____ or BUS RIDER – BUS # _____ **(check one option below)**
My child rides the bus: more than one mile morning and afternoon (T1)
 Less than one mile morning and afternoon (T2)
 More than one mile one way only (T3)
 Less than one mile one way only (T4)

Ethnicity

____ White (Not of Hispanic Origin) ____ Black (Not of Hispanic Origin) ____ Asian or Pacific Islander
____ American Indian or Alaskan Native ____ Hispanic ____ Other _____

Previous School Information

Has Student attended another Marshall County School? ____ Y ____ N
School _____ Grade _____ School Year _____

Last School Attended Outside the Marshall County School District
School _____ City _____ State ____ Grade ____
School Year _____ Phone Number _____

Is your child presently under or a pending expulsion or suspension order from any other school district? ____ Y ____ N

ELA Information

Does the student speak a language other than English? ____ Y ____ N
If yes, what language does the student speak? _____

Special Services Information

Is your child receiving special education services? ____ Y ____ N
If yes, please explain. _____

Guardian's Other Children (Under Age 18) Living in the Home

First Name	Middle	Last Name	DOB	Gender	Relation to Student	School Attending
------------	--------	-----------	-----	--------	---------------------	------------------

Parent Signature _____ **Date** _____

Note: When a student does not reside with both parents, additional information must be on file so that the school can determine who is responsible for the student. If there are applicable legal documents, such as custody papers, a copy should be provided to the school.

Parent/Guardian/Emergency Contact Information

Contact #1 - Parent/Guardian- Lives With ___ Yes ___ No

Name _____ / _____
Last First Middle Relationship to Student

Address _____ Apt/Bldg _____ City _____ State _____ Zip _____
(Must have a physical address, not a PO Box)

Mailing Address if different: _____ City _____ State _____ Zip _____
Telephone(_____) _____ Cell/Alt Telephone (_____) _____
Place of Employment _____ Work Telephone (_____) _____ Ext. _____
Email Address _____

Spouse Information (IF student does not reside with both parents, additional information must be on file)

Name _____ / _____
Last First Middle Relationship to Student

Cell/Alt Telephone (_____) _____
Place of Employment _____ Work Telephone (_____) _____ Ext. _____

Contact #2 - Parent/Guardian- Lives With ___ Yes ___ No

Name _____ / _____
Last First Middle Relationship to Student

Address _____ Apt/Bldg _____ City _____ State _____ Zip _____
(Must have a physical address, not a PO Box)

Mailing Address if different: _____ City _____ State _____ Zip _____
Telephone(_____) _____ Cell/Alt Telephone (_____) _____
Place of Employment _____ Work Telephone (_____) _____ Ext. _____
Email Address _____

Spouse Information (IF student does not reside with both parents, additional information must be on file)

Name _____ / _____
Last First Middle Relationship to Student

Cell/Alt Telephone (_____) _____
Place of Employment _____ Work Telephone (_____) _____ Ext. _____

Emergency Contact #3

Name _____ Relationship to Student _____

Home ___ Cell ___ Work ___ Telephone (_____) _____

Emergency Contact #4

Name _____ Relationship to Student _____

Home ___ Cell ___ Work ___ Telephone (_____) _____

The Following People Are NEVER To Pick Up This Child

1. _____ Relation _____

2. _____ Relation _____

3. _____ Relation _____

**Marshall County Schools
Health Information**

Teacher _____

Room/Grade _____

Student's Name _____ Date of Birth _____

Parent/Guardian's Name _____

Place of Employment (Father / Guardian) _____ Phone # _____

Place of Employment (Wife / Guardian) _____ Phone # _____

Where do we contact you in case of an emergency? _____ Phone # _____

If you cannot be reached, please list persons authorized to pick up your child in case of an emergency or illness. This person will be required to present proof of identification.

Name _____ Phone# _____ Relationship _____

List two doctors, in order of preference, to be used in case of emergency.

1. _____ 2. _____

If the above listed cannot be reached, does school personnel have permission to seek medical attention for your child?

YES _____ NO _____

Is your child on any routine medications? YES _____ NO _____ If so, what does he/she take and for what condition? _____

Does your child have special health conditions such as ALLERGIES, DIABETES, EPILEPSY, HEART DISEASE, ASTHMA, etc. which would require special attention or restrict him/her in any way? YES _____ NO _____

If yes, please describe in full the health problem and treatment that may be necessary at school. _____

I give permission for my child to take Tylenol at school if given by School Personnel. YES _____ NO _____

Please note, when medication is to be administered at school, it must be sent from home with the name of the medication, directions for administration and a signature of the Physician or parent requesting it. Children are not allowed to carry medicine at School. It must be given to the bus driver or teacher. This includes inhalers. Some School Health Services are provided in cooperation with Marshall County Health Department.

Parent/Guardian Signature _____ Date _____

**Marshall County Schools
Health Information**

Health Concerns

Please check any existing health conditions

- | | |
|---|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Head injury (serious) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Bowel/Bladder | <input type="checkbox"/> Heart |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hyperactivity |
| <input type="checkbox"/> Emotional/Behavioral | <input type="checkbox"/> Seizures or Fainting |
| <input type="checkbox"/> Fractures | <input type="checkbox"/> Skin Conditions |

Please check all that apply

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Speech | <input type="checkbox"/> Glasses |
| <input type="checkbox"/> Surgeries | <input type="checkbox"/> Contacts |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Hearing Aids |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Prosthesis or |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Physical Aids |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |