Previously attended UCSD#4? _____ Start Date: _____

Date Enrolled: _____ Home Room: _____

Book Deposit Paid? _____

Student Registration
Uinta County School District #4

Student's Legal Name: _____ Preferred Name: _____
First Middle Last

Grade: _____ Birthdate: _____ Gender: _____

Please list the same home phone number for all students within the family. Home Phone #: ( ) _____

Parent/Guardian Names: _____

Mailing Address: _____
Address City State Zip+4 (required)

Street Address: _____
Address City State Zip+4 (required)

Language spoken at home: _____ Student's Primary Language: _____

Languages spoken by student : _____ Birthplace: _____
City State Country, if not USA

Siblings (Name & Birthdate): _____

_____

Previous School Name: _____ Previous School Address: _____

Mother: _____ Mother's Employer: _____

Mother's Mailing Address: _____
Address City State Zip+4 (required)

Mother's Work Phone: ( ) _____ ext. _____ Cell Phone: ( ) _____ Home Phone: ( ) _____

Father: _____ Father's Employer: _____

Father's Mailing Address: _____
Address City State Zip+4 (required)

Father's Work Phone: ( ) _____ ext. _____ Cell Phone: ( ) _____ Home Phone: ( ) _____

Step Parent: _____ Step Parent's Employer: _____

S.P.'s Work Phone: ( ) _____ ext. _____ Cell Phone: ( ) _____ Home Phone: ( ) _____

(Fill out Guardian information only if other than Mother and Father.)

Guardian: _____ Guardian's Employer: _____

Guardian's Mailing Address: _____
Address City State Zip+4 (required)

Guardian's Work Phone: ( ) _____ ext. _____ Cell Phone: ( ) _____ Home Phone: ( ) _____

*****A legal document stating guardianship may need to be provided to the school*****

Is there someone who should NOT pick up your child at school? If yes, please list information and notify school office.

Is there a second parent or legal guardian who would like to receive school mailings? If yes, please list information:

Name: _____ Mailing Address: _____

Student's Emergency Information:

Insurance Information. *All students must have the following information on file:*

Name of Policyholder: _____

Insurance Company covering my child: _____

Uinta County School District #4 does not provide insurance for students, but you may purchase accidental insurance through the school. Forms are available at school offices.

Emergency Information:

In an EMERGENCY situation when we cannot reach you at home or at work, please list three people who have agreed to take responsibility for your child and have consented to the release of their phone numbers so we may reach them as an alternative.

Emergency Contact #1: _____ Phone: ( ) _____ Relationship: _____

Emergency Contact #2: _____ Phone: ( ) _____ Relationship: _____

Emergency Contact #3: _____ Phone: ( ) _____ Relationship: _____

Emergency School Closure Plan:

If school is dismissed early my child should (please mark selection(s) below):

Ride the bus home _____ Ride the bus to day care_____ Walk home _____ Drive self home _____

Ride the bus (if other than home or day care) to:_____

Will be picked up by: _____

Other emergency plan: _____

Please indicate if it is necessary for school personnel to contact you if early emergency school closure occurs.

_____ Yes, call me at ( ) _____ (or) ( ) _____

_____ NO, it is not necessary to call, send my child as indicated above.

Parent/Guardian Signature: _____ Dated: _____

The Wyoming Department of Education may allocate funding to our school for children of migrant workers. We ask that you help us by answering the following questions. Please mark the selection using a checkmark or an X if any or all of these apply:

_____ Did you move in the last 36 months?

_____ Did you cross state or school district boundaries?

_____ Did you move for the purpose of seeking agricultural work?

_____ Was the work an important part of providing a living for you and your family?

Is this student in Foster Care? _____ Yes _____ No

Is one, or both, of the student's parents or guardian on Active Duty, in the National Guard, or in the Reserve components of the United States military services?

_____Not Military Connected _____Active Duty _____National Guard or Reserve

Does your child require any special education services? If yes, please explain:

_____

_____

Permission

In District Permission:

I give permission for _____ to attend in-district functions.
Student's name

Parent/Guardian Signature: _____ Dated: _____

Medical Information/Health History

The following permissions/information must be updated annually:

Doctor's Name: _____ Dentist's Name: _____

Permission for UCSD#4 personnel to administer Non-Aspirin to: _____
Student Name

Consent to administer Ibuprofen: Yes _____ No _____

Consent to administer Tylenol: Yes _____ No _____

_____ _____
Parent/Guardian Signature Dated

Medication must be provided by parent and placed in the nurse's office.

List your child's allergies: _____

List any diseases, operations, or injuries and the year: _____

List any additional medical information UCSD#4 should know about your child: _____

Does your child have visual problems? (List) _____ Wear glasses or contacts? _____

Does your child have hearing problems? (List) _____

Does your child have: Ear tubes _____ Frequent ear infections _____ Hearing aids _____ Hearing loss _____

Does your child have asthma? _____ List asthma medication: _____

Does your child require medication at home? If yes, please list: _____

Does your child require medication at school? If yes, please list: _____

Does your child have a history of chickenpox? If yes, please list the date (month/year):

_____

Emergency Information

If deemed necessary, your child will be sent to your family doctor or emergency room at parent/guardian's expense.

As a parent/guardian, I authorize medical personnel to render necessary medical treatment to my child. I give consent to release this information to Uinta Co. School Dist. #4 personnel to promote the health and safety of my

Parent/Guardian Signature: _____ Dated: _____

The above signature acknowledges that I have read and consent to the above.