

Name: _____ Male: ___ Female: ___
(Last) (First) (Middle) (Grade/ School Year)

School
Picture

Birthdate _____ Birthplace City _____ Mother's Maiden Name _____

Last 4 digits of Social Security _____ Student's Complete Address _____

Office

City _____ State _____ Zip Code _____

IMPORTANT- PLEASE LIST ALL INFORMATION FOR THE PARENTS/GUARDIANS

Father/Guardian -Relationship _____

Mother /Guardian -Relationship _____

Name: _____

Name: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Email Address: _____

Email Address: _____

Employed by: _____

Employed by: _____

Work Phone/Work hours: _____

Work Phone/Work hours: _____

****Ethnic Background****
(Please circle one)

Black/African American

White

Native Hawaiian or
Pacific Islander

American Indian or
Native Alaskan

Asian

Hispanic/Latino

Multi Racial

If you do not live with student please list your name and address: _____

If there are custody papers, please make sure that the school has a copy of them. Please mark the following:

Name: _____ Custodial / Residential Parent _____ Shared Parenting _____

If there are any custodial restrictions the school must have a copy of them.

If this student has a parent who is deceased, please provide relationship and date of death

Emergency contact information for those listed above: (students are only released to people listed on this card w/o a contact from a custodial parent/guardian)

Name: _____

Name: _____

Relationship to Student: _____

Relationship to Student: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone/Work hours: _____

Work Phone/Work hours: _____

Facts concerning the child's medical history including allergies and any physical impairments that would limit his/her physical activity or any condition to which school personnel, emergency responders or physicians should be alerted to in case of an emergency:

Medications taken daily: _____

Please check one of the two statements below: In the event reasonable attempts to contact me have been unsuccessful,

I hereby give my consent for school personnel to call 911 and (1) to administer any treatment deemed necessary by _____ (preferred doctor) at _____ (phone); _____ (preferred dentist) at _____ (phone) If the preferred practitioner is not available, by another licensed physician or dentist; and (2) to transfer the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concur there is a necessity for such surgery, are obtained prior to the performance of such surgery.

I DO NOT GIVE CONSENT for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following actions: _____

I give consent to exchange and / or release medical information with the appropriate medical and school personnel.

(Parent/Guardian Signature)

(Date)

Handbook Acknowledgement

Please review your child's Student Handbook. His/her teacher and administrator have discussed it in class, and the policies it references apply to all students and are an important part of daily life, supporting a safe and secure learning environment. It is essential that the home and the school both work together to assure that all students meet the high expectations for behavior as established in the handbook. As the parent/guardian I will read the handbook, within 5 days of receipt of this document, and review it with my student. Please sign below and have your child sign below:

(Parent / Guardian Signature)

(Student Signature)

Emergency Closing Information

Emergency conditions cannot always be predicted so to ensure that emergency closings are handled in an efficient and safe matter, we must have the following information on file:

Should school unexpectedly need to be released early, my child is to go home as usual unless you instruct us otherwise on the line below:

We ask that you discuss these plans with your son/daughter in order that they may also be familiar with your emergency plans.

For office use only: Date of Dismissal _____ Phone call made: _____ Child picked up by: _____

Field Trip Permission

As the parent/guardian of _____, I give my permission for him/her to attend ALL field trips for his/her grade level held this school year while attending Shelby City Schools. Your signature serves as permission for all such field trips with notification of a planned event at least one week prior to its occurrence. If your child is not to attend a trip, it will be the responsibility of the custodial party to notify the school in writing prior to the day of the planned field trip.

Please check one of the following statements:

_____ I give permission for my child to attend all field trips for the _____ school year.

_____ I do not give permission for my child to attend all field trips for the _____ school year.

I understand that the school district will make every effort to supervise my child during field trips, but acknowledge that when instruction takes place outside of the classroom setting there is an increased risk that bodily injury or even death may occur to my child despite the utmost care by school officials. With this caution in mind, I consent to having my child participate.

(Parent / Guardian Signature)

(Date)

Photo/ Public Relations

There are various opportunities for the school to recognize students. This could be in the local paper, the school newsletter, on the district website or by other means. If you do not wish your child's name along with photograph to be used, it is the responsibility of the custodial party to notify the school in writing.

Other Information

Names of all brothers and sisters:	Date of Birth	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

New Student Enrollment Information

Has this student previously attended Shelby City Schools? Yes ___ No ___ If yes, which school: _____ Withdrew when: _____

In order to enroll a student, Shelby City Schools requires the following:

Immunization Records _____ Birth Certificate _____ Last 4 digits of Social Security Number _____ Custody Papers (if applicable) _____

Proof of Residency _____ Record Release _____ Self-Supporting form (if applicable for students who are legally supporting themselves)

IEP (Individual Educational Plan) Yes _____ No _____

Shelby City Schools' requires proof of residency which would include the following: Utility bill such as cable, phone, gas or electric; lease or purchase agreement; signed statement from person you are living with accompanied by any of their above mentioned documents, and driver's license. This statement must be signed at the Board of Education in front of a Notary. There are two Notaries at the BOE.

I have read and understand the above notice:

(Parent / Guardian signature)

(Date)

Office Use Only:

_____ In Computer _____ Family Group Added _____ Bus Number and Sheet to bussing _____ If IEP, informed Admin/School of IEP
_____ Record Release faxed to: _____ Date: _____ File Complete and sent: _____

Grade: _____ School Assigned _____ Withdrawing School District _____ First Day to Attend _____