

**New Student Registration Report with Medical Information
Hay Springs Schools**

*A separate form must be
completed for each
student.*

Aug 5, 2008

Student Information:

Last Name:	First Name:	Middle Name:	Generation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Legal Last Name:	Legal First Name:	Legal Middle Name:	Responsible Parent/Guardian:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN	Grade in 2004-2005:	Gender:	Race:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Language:	Socioeconomic:		
<input type="text"/>	<input type="text"/>		
Primary Home Language:	Birth Certificate Verified (for internal use):		
<input type="text"/>	<input type="text"/>		
Address:			
<input type="text"/>			
City:	State:	Zip:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
County:	Birthdate:	Birthplace:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Phone:	Cell Phone:		
<input type="text"/>	<input type="text"/>		
Phone UNLISTED?: (Circle one:) Yes No			

School Previously Attended:

School Name:			
<input type="text"/>			
Address:	City:	State:	Zip:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone:			
<input type="text"/>			

Legal Parent/Guardian Information:

Relationship Type:	<input type="text"/>	Relationship Type:	<input type="text"/>
Last Name:	<input type="text"/>	Last Name:	<input type="text"/>
First Name:	<input type="text"/>	First Name:	<input type="text"/>
Middle Name:	<input type="text"/>	Middle Name:	<input type="text"/>
Home Address:	<input type="text"/>		
City:	State:	Zip:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/>	Check if "Mailing Address" is the same as "Home Address"		
Mailing Address:	<input type="text"/>		
City:	State:	Zip:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Phone:	<input type="text"/>		
Phone UNLISTED?: (Circle one:) Yes No			
Cell Phone:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work Phone:	<input type="text"/>	Ext:	<input type="text"/>
Pager:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer:	<input type="text"/>		
Email:	<input type="text"/>		

Additional Parent Information:

Relationship Type:	<input type="text"/>	Relationship Type:	<input type="text"/>
Last Name:	<input type="text"/>	Last Name:	<input type="text"/>
First Name:	<input type="text"/>	First Name:	<input type="text"/>
Middle Name:	<input type="text"/>	Middle Name:	<input type="text"/>
Home Address:	<input type="text"/>		

City: State: Zip:

Check if "Mailing Address" is the same as "Home Address"

Mailing Address:

City: State: Zip:

Home Phone:

Phone UNLISTED?: (Circle one:) Yes No

Cell Phone:	<input type="text"/>		<input type="text"/>		<input type="text"/>
Work Phone:	<input type="text"/>	Ext:	<input type="text"/>	Ext:	<input type="text"/>
Pager:	<input type="text"/>				
Employer:	<input type="text"/>		<input type="text"/>		
Email:	<input type="text"/>		<input type="text"/>		

Medical Information:

In case of emergency, if necessary, take student to the nearest medical facility? (Circle one:) Yes No

Doctor Name: Doctor Phone:

The school has my permission to give age and weight appropriate dosages of acetaminophen (Tylenol), throat lozenges, or antacids for occasional relief of discomfort: (Circle one:) Yes No

Student Vehicle Information:

Primary Vehicle License #	Make	Model	Color
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Secondary Vehicle License #	Make	Model	Color
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent Signature _____ Date _____

Emergency Contact Information:

Name:

Relation to Student:

Work Phone:

Home Phone:

Cell Phone/Pager:

Email:

Comments:

Contact 2:

Name:

Relation to Student:

Work Phone:

Home Phone:

Cell Phone/Pager:

Email:

Comments:

Contact 3:

Name:

Relation to Student:

Work Phone:

Home Phone:

Cell Phone/Pager:

Email:

Comments: