



Southeastern Local Schools
 P.O. Box Z South Charleston, OH 45368
 937-462-8388
 SEHS 937-462-8308/Miami View 937-462-8364
REGISTRATION / EMERGENCY MEDICAL FORM
2010-2011 SCHOOL YEAR

Documents required to enroll a student:
Current Custody Papers (if applicable)

I. GENERAL INFORMATION

To be completed by the parent or legal guardian.

Student's Legal Name (First, Middle and Last as it appears on Birth Certificate)		Birth date <i>Mo./Day/Year</i>	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Home Phone
Street Address		City	State	Zip Code
P.O. Box				
Grade Level for 2010-2011	Native Language	Birth <u>City</u> (from birth certificate)	Social Security Number	Mother's Maiden Name

Names and grade levels of siblings attending Southeastern Local Schools: _____ Student Cell Phone Number _____

CUSTODIAL PARENT(S)/ GUARDIAN(S) WITH WHOM THE STUDENT RESIDES <input type="checkbox"/> Both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Guardian/Foster care <input type="checkbox"/> Grandparent <input type="checkbox"/> Agency <input type="checkbox"/> Independent <input type="checkbox"/> Other *explain on back		What is the student's race? You must choose at least one and can choose more than one- (Definitions on back). <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <i>This information is required by the Ohio Department of Education.</i>
Name of Parent / Guardian <u>with whom the student resides</u> Relationship to child		
Employment & Phone Cellular Phone or alternate number		
Email address: <input type="checkbox"/> Federally employed		
Name of Parent / Guardian <u>with whom the student resides</u> Relationship to child		
Employment & Phone Cellular Phone or alternate number		
Email address: <input type="checkbox"/> Federally employed		
Name of Parent (<u>non-residential parent with visitation or other parental rights</u>) Relationship to child		Is the student Hispanic or Latino? (Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>This question is required by the United States Department of Education and is a US Department of Agricultural Federal requirement.</i>
Employment & Phone Cellular Phone or alternate number		
Email address: <input type="checkbox"/> Federally employed		
IN CASE OF EMERGENCY LIST TWO ALTERNATE CONTACTS (additional space on back)		
NAME	RELATIONSHIP PHONE(S)	
NAME	RELATIONSHIP PHONE(S)	
Physicians Name	Preferred Hospital	Dentist's Name
Phone	Phone	Phone

List all medications this child is taking (prescription and over-the-counter) and the reason for taking them. Check here if more information is on back of form

List allergies to medicine, food or other allergens, and any medical information such as physical impairments and assistive devices, that school staff or emergency personal need to be aware of, attach documentation if necessary.

Has your child received any recent immunizations? NO YES If yes, please attach documentation with dates and types of immunizations received.

II. PARENT/GUARDIAN SIGNATURE AND MEDICAL RELEASE

All information is complete and correct. I am the child's custodial parent or legal guardian or I am the student age 18 or older. I grant permission to my child's school, in an emergency when I (or my physician) cannot be contacted, to take my child to the emergency room of the nearest hospital, and the hospital and it's emergency staff have my authorization to provide treatment which a physician deems necessary for the well being of my child. I further agree that the above information on special education services may be supplied to appropriate emergency medical staff.

Signature(s) of Parent/Guardian	Parent/Guardian Name(s) PRINT	Date Signed
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If you do not consent to the emergency treatment of your child, please fill out "Refusal form" on the reverse of this form.

