

Student Emergency/Enrollment Form

\*All Information must be completed\*

Student Information:

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Gender: (M/F) \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Ethnic Group: (number all that apply, in priority order 1-6)

American Indian/Alaska Native  Asian American  Black or African American

Native Hawaiian or Pacific Is  White  Hispanic or Latino

Parent Information:

Mother – Step Mother – Guardian (circle one) MAY WE CONTACT YOU AT WORK  YES  NO

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Email \_\_\_\_\_

Check all the apply:  OK to pick up  Lives with  Legal custody  Receive Mailings

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Father – Step Father – Guardian (circle one) MAY WE CONTACT YOU AT WORK  YES  NO

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Email \_\_\_\_\_

Check all the apply:  OK to pick up  Lives with  Legal custody  Receive Mailings

Emergency contact Information:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Although the above recommendation of the parent will be respected as far as possible, I understand that in the final disposition of an emergency case the judgment of the school authorities will prevail. Anytime the above information must be changed, I will notify the office in writing.

**IMMUNIZATION RECORD MUST BE ON FILE PER STATE LAW. DO WE HAVE AN UPDATED VERSION?**

I authorize the physician and/or hospital listed below to treat my child in the event of serious illness or accident, when I or the other persons listed on this form cannot be reached. Any obligation for medical expense resulting from treatment in such a case is my responsibility. Permission to transport my child in case of an emergency is also given.

Hospital \_\_\_\_\_ Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Other Health Alerts \_\_\_\_\_

Does your child have any physical restrictions YES NO

Does your child require medication during school hours? YES NO

If YES is circled, written orders from your physician and/or school medial form must be on file with the principal's office before medication is given.

Has this student been receiving Special Education Services? YES NO

Have the courts placed this student in the present home? YES NO

Is this student a current resident of the Breckenridge School District? YES NO

Is this student participating in the GIRESD Schools of Choice? YES NO

If not a resident of Breckenridge School District – what district do you reside? \_\_\_\_\_

I give permission for my child to be transported for all field trips.

I authorize my child's photo or likeness to be used in print, media and/or mailings by Breckenridge Community Schools.

Signature of Parent/Guardian: \_\_\_\_\_