

Winchester Schools Registration Form (circle one) M F Race/Ethnic Origin _____

Full Legal Name _____ Grade _____

Physical Address _____ Last _____ First _____ Mailing Address _____ Middle (not initial) _____

City _____ Birth date _____ Birthplace _____

Home Phone # _____ e-mail _____

Do you live over 1½ mile from school? Yes No Do you ride the bus? Yes No **OFFICE USE ONLY:** _____

Enrollment date

Will your student have a cell phone during school hours? Yes No If yes, phone number is _____

PARENT/GUARDIAN: To serve your child in case of Accident or Sudden Illness, it is necessary that you furnish the following information for emergency calls.

Name _____ Place of Employment _____ Work phone _____ Cell Phone # _____

MOTHER: _____

FATHER: _____

Mother's maiden name: _____ This student lives with: Father Mother Both Other: _____

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

NAME _____ NAME _____

Relationship to student _____ Ph _____ Relationship to student _____ Ph _____

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Relationship to student _____ Ph _____ Relationship to student _____ Ph _____

HEALTH INFORMATION: List any medications that your child takes on a regular basis, as well as any health conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, or any chronic condition, etc.

EXPLANATION: _____

DOCTOR: _____ 2ND CHOICE: _____

Phone _____ Phone _____

HOSPITAL CHOICE: _____ Phone _____

I, the undersigned, do hereby authorize officials of Winchester School District to contact directly the persons named on this card, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event physicians, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.

I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Signature of Parent/ Guardian

Student's Last Name First Initial

HEALTH INFORMATION: List any medications that your child takes on a regular basis, as well as any health conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, or any chronic condition, etc.

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Signature of Parent/ Guardian

Student's Last Name First Initial