

PRESCHOOL REGISTRATION FORM
FOR Russell COUNTY SCHOOLS
2019-2020

FOR SCHOOL USE ONLY

KSI Start Date _____ End Date _____
____NT – Non Transported
____T1 – Over 1 mile twice daily
____T2 – Under 1 mile twice daily
____T3 – Over 1 Mile Once Daily
____T4 – Under 1 Mile Once Daily
____T5 – Handicapped-Special Vehicle

(Official name on birth certificate)

Child's Name _____ Name Child is called at Home _____
Last First Middle

Social Security Number (optional) _____ County of Residence _____
(County home is located)

Child's Mailing Address _____ City _____ State _____ Zip Code _____

Home Address _____ Home Telephone Number _____
(If different from above) (List Street or road name)

Child's Place of Birth _____
County State

Name and Address of after School Care **(if applicable)** _____ Phone _____

Last School Attended _____ In what County? _____

Name(s) of Person(s) Child lives with _____
(Parent(s)/Step-parent/Grandparent/Guardian/Foster Parent)

Relationship to Child _____ Phone _____
(If different from above)

(Check any that apply to student)
Child's Gender Male _____ Female _____ Race _____ White (not Hispanic) _____ Black (not Hispanic)
_____ Hispanic _____ Asian or Pacific Islander
Date of Birth _____ _____ American Indian or Alaskan _____ Other

If a language other than English is spoken in the home please list: _____

Will child ride a school bus? Morning & Afternoon _____ Morning Only _____ Afternoon Only _____
Not at All

Distance child lives from school _____ mile(s)

Mother's Name _____ Work Phone _____
First Last Maiden

Mother's Address _____
(List if different from child's address listed above)

Occupation _____ Place of Employment _____

Father's Name _____ Work Phone _____

Father's Address _____
(List if different from child's address listed above)

Occupation _____ Place of Employment _____

Check **(if applicable)**

____ Parents separated _____ Mother deceased
____ Parents divorced _____ Father Deceased

Number of Brothers _____ Older _____ Younger
Number of Sisters _____ Older _____ Younger

List names of brothers and sisters and any others under 18 living with family

NAME	DATE OF BIRTH	SCHOOL ATTENDING	GRADE

List any allergies to foods or medicines and other health problems your child has _____

Does your child take any medication on a regular basis? Please list _____

List any medication to be taken during school hours _____

Please follow these guidelines:

1. Medication must be in a labeled bottle with child's name and directions for dosage.
2. Medication should be brought immediately to the office and registered.

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Name of Insurance Company and/or Medical Card# _____

In case your child becomes ill or hurt at school, what is the best way to get in touch with you? _____

Phone number _____

If we are unable to contact you, whom should we contact?

Name _____ Phone _____ Relationship to child _____

Name _____ Phone _____ Relationship to child _____

If we cannot reach you by phone, please be advised that we will take your child to the doctor or hospital by bus or ambulance if deemed necessary.

Who other than legal parent or guardian has permission to pick up your child from school? (Please be advised that we cannot prevent a legal parent or guardian from picking up his/her child unless there is a valid Court Order on file at school.)

Who does **NOT** have permission to pick up your child? _____

*If this child has an EPO (Emergency Protective Order) or restraining order, you must provide an up-to-date copy to the school each school year.

Parent/Guardian Signature _____ Date _____

↓↓↓ For agency use only. Do not write below this line. ↓↓↓

Income verified? Y N By { } W-2 { } Check stub { } Tax return { } other:
Birth verified? Y N By { } Certified birth cert
Signature of verifying staff member _____ Date _____