

Alexander Elementary School
Registration Form

Date Enrolled _____

STUDENT NAME INFORMATION:

Grade: _____

STUDENT'S LEGAL NAME- Last _____ / First _____ / Middle _____ Sex: _____ Male _____ Female

Student Social Security Number: _____ - _____ - _____ Birth Date: _____ / _____ / _____ Age: _____
MONTH DAY YEAR

Address: _____ Telephone: _____
Street/Rural Address Apt # or Lot #

City: _____, ME Zip _____ + _____

Location of birth: City _____ County: _____ State: _____ Country: _____

Name of last school attended: _____ Phone: _____

Address: Street _____ City _____ State _____ Zip _____

<p>Ethnicity: _____ American Indian/Alaskan (√ one) _____ Asian Pacific _____ Hispanic _____ Black, Non-Hispanic _____ White, Non-Hispanic</p>	<p>Race: _____ American Indian or Alaskan Native (√ any _____ Asian that _____ Black or African American apply) _____ Native Hawaiian or Pacific Islander _____ White</p>
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Student Lives With:

___ Both Parents ___ Mother Only ___ Father Only ___ Foster Home ___ Other (Specify) _____

CUSTODIAL PARENT/GUARDIAN INFORMATION:

Father/Guardian's Name: _____ Home Phone: _____
(Circle One)

Cell Phone: _____ E-mail: _____

Mailing Address: _____
(If different than student address listed above.)

Employer: _____ Work Phone: _____ Work Hours _____

Mother/Guardian's Name: _____ Home Phone: _____
(Circle One)

Cell Phone: _____ E-mail: _____

Mailing Address: _____
(If different than student address listed above.)

Employer: _____ Work Phone: _____ Work Hours _____

NON-CUSTODIAL PARENT INFORMATION:

Name: _____ Relationship to Child _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Mailing Address: _____

Employer: _____ Work Phone: _____ Work Hours _____

(Please be sure to provide us with necessary court papers/documentation – Thank You)

LOCAL ALTERNATE EMERGENCY CONTACT: (Persons to contact if you are unavailable at above numbers.)

First Contact: Name: _____ Address: _____
(Street, City)

Home Phone: _____ Work Phone: _____ Relationship to child: _____

Second Contact: Name: _____ Address: _____
(Street, City)

Home Phone: _____ Work Phone: _____ Relationship to child: _____

Third Contact: Name: _____ Address: _____
(Street, City)
Home Phone: _____ Work Phone: _____ Relationship to child: _____

Medical Insurance Information:

ALERT INFORMATION:

Insurance Company: _____

Plan/Group/Individual Number: _____

Insured through what agency/employer/etc.: _____

Insured Under: Name: _____ Relationship _____

Address: _____

Secondary Insurance: _____

Please list the month/year your child had the following diseases:

Mumps _____	Chicken Pox _____
3 Day Measles _____	Old Fashioned Measles _____
Scarlet Fever _____	Pneumonia _____
Rheumatic Fever _____	Whooping Cough _____

Please explain any special conditions that may exist (Including any medications* that your child is currently taking or allergies** including food allergies.): _____

***Before taking prescription and/or non-prescription medication at school, students are required to have a Request for administration of medication in school on file. Medication and completed forms need to be turned into the school office.**

****It is required that we have a doctor's note verifying allergy/special diet needs. If your child requires food substitutions due to food allergies, a doctor's note needs to be on file in the school office prior to receiving special diet substitutions.**

MEDICAL INFORMATION:

Physician: _____ Phone _____ Location _____

Dentist: _____ Phone _____ Location _____

Hospital: _____ Phone _____ Location _____

Please use this space to provide us with any other information that would be helpful to us concerning your child (i.e., any preschool services, etc.)

Has your child ever been identified as a student with a disability under Section 504?

Yes: _____ Date of first identification: _____ No: _____

If so, please describe the nature of his/her disability on the back of this sheet and attach copies of physician's documentation.

PLEASE LIST OTHER CHILDREN IN THE FAMILY

Brothers:

Name: _____	Birthdate _____
_____	/ _____
_____	/ _____
_____	/ _____

Sisters:

Name: _____	Birthdate _____
_____	/ _____
_____	/ _____
_____	/ _____

