

2009-2010 OES Registration Form

*** SCHOOL USE ONLY: TO BE COMPLETED BY SCHOOL PERSONNEL ***					
School: <input type="checkbox"/> GMS <input type="checkbox"/> ENCSD <input type="checkbox"/> NCSD					
NCWISE #	Registration Date (if different from 1 st school day) ___/___/___	Grade (please circle) K 1 2 3 4 5 6 7 8 9 10 11 12 EX	Area of Eligibility HI/VI/MU/DB Other: _____	Day/ Residential	Homeroom Teacher
Locker #	Bus Route	Permission to Photograph/Publish Yes / No	Internet Access Permission School/Dorm/Both	Registered by:	Records Requested ___/___/___
Mother: <input type="checkbox"/> Available at Work		<input type="checkbox"/> Speaks English	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Migrant Worker	
Father: <input type="checkbox"/> Available at Work		<input type="checkbox"/> Speaks English	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Migrant Worker	

* INFORMATION TO BE COMPLETED BY PARENT/GUARDIAN *

Student Information					
Legal Last Name:		Legal First Name:		Legal Middle Name:	Preferred Name:
Date of Birth / /	Social Security # - -	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other		
Street Address: (Must include a street number and name)				Home Phone:	
City:	State:	Zip:	County/LEA:		
Mailing Address:					
Resides With:		Relationship:		Custody Forms on File at School <input type="checkbox"/>	
Parent/Guardian Information					
Full Name of Mother/Guardian:		Home Phone:		Cell Phone:	
		Email Address:			
Address:					
Employer:				Work Phone:	
Full Name of Father/Guardian:		Home Phone:		Cell Phone:	
		Email Address:			
Address:					
Employer:				Work Phone:	
Emergency Contact Information					
Name:		Phone:		Relationship:	
Work Phone:		Cell Phone:		Other Contact No:	
Name:		Phone:		Relationship:	
Work Phone:		Cell Phone:		Other Contact No:	
Name:		Phone:		Relationship:	
Work Phone:		Cell Phone:		Other Contact No:	
Activities: <i>I give my permission for my child to participate in the following: * Please Initial*</i>					
___ Recreational Activities/Sports		___ Off-Campus Activities		<i>Photographed, Interviewed, and/or Videotaped for:</i> ___ School/DHHS Use & Publications ___ School/DHHS Websites ___ News Publications/TV Stations	
___ Sex Education/Age Appropriate		___ Chapel Attendance			
___ Field Trips - School Related		___ Swimming			
___ Field Trips - Dorm Related		___ Special Olympics			

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Student Name: _____

List of Authorized Person(s) who may pick up or take student off school grounds.

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

Visitation Restrictions (if any)

Directions (from bus-stop to home for residential/school to home for day students)

Health Information

Amplification: Hearing Aid Left Right Cochlear Implant
Does Student have low vision? Yes No
Does Student have glasses or contacts? Yes No
Other: Wheel Chair Leg Braces Computer Board Other

Special Dietary Plan/Needs:

Specific Fears/Phobias:

Allergies:

Special Alerts/Information for Staff:

Parent/Guardian Signature

Parent/Guardian Signature _____ Date: _____