

Registration Form 2005 - 2006 Reading Community School

List people on this sheet that you would prefer we contact in case of an emergency

Today's Date _____
 Has your child ever attended Reading Community Schools before? Yes No
 If yes, when _____
 Student Social Security # _____
 Student Name: _____
 Address: _____
 City, Zip: _____
 Home Phone: _____

Ethnic Group: _____ American Indian/Alaskan _____ White
 _____ Hispanic _____ African-American
 _____ Native Hawaiian/Pacific Isl. _____ Asian American

Birthdate: _____ Birth Place: _____

Adult MALE Residing in the Home: _____
 Work Phone Number: _____
 Adult FEMALE Residing in the Home: _____
 Work Phone Number: _____
 Name of Parent Living Elsewhere: _____
 Address: _____ Phone: _____

For Kindergarten Students only, do you prefer: 1/2 DAY ALL DAY
 Would you prefer Time to Grow: YES NO
 Other name student likes to go by _____
 Other children who reside in the home:

Name	Birth Date	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Do Not Fill Out or Mark
Office Use ONLY**

Student ID# _____
 Entry Date _____
 Teacher Name _____
 Room# _____ Bus/Walker _____
 Birth Certificate YES NO
 Immunization Records YES NO
 School of Choice YES NO
 Student Records: Req'd _____
 Rec'd _____

Sex _____ Grade _____

RELATIONSHIP TO CHILD:

_____ Both parents
 _____ Father/stepmother
 _____ Mother/stepfather
 _____ Father only
 _____ Mother only
 _____ Legal guardian
 _____ Court placed
 _____ Relative
 _____ Foster home
 _____ Divorced, joint custody
 _____ Legal Papers?

_____ natural sibling _____ step sibling
 _____ natural sibling _____ step sibling
 _____ natural sibling _____ step sibling
 _____ natural sibling _____ step sibling

1. Emergency Contact Person: _____ Phone: _____
 2. Emergency Contact Person: _____ Phone: _____

Does your child attend a day care center or go to a sitter before/after school? YES NO
 If yes, name _____ Phone: _____ Address: _____

Previous school attended: _____ Phone: _____
 Address: _____

Parent/Guardian Signature _____ Date _____

Is your child on any medication? If yes what kind and how often

ALLERGIES _____

DOCTOR PREFERRED _____ TELEPHONE _____

HOSPITAL PREFERRED _____ TELEPHONE _____

Medical Insurance Information & ID#'s _____

I hereby give my permission for Reynolds Elementary School to take my child to a local doctor if I cannot be reached:

Parent Signature _____ Date _____

TRIP PERMISSION: My child has my permission to participate in school trips:

Parent Signature _____ Date _____

PHOTOGRAPHY PERMISSION: My child has my permission to have his/her picture taken for school activities such as film for public broadcast, newsletters, newspaper articles and/or the web page.

Parent Signature _____ Date _____

At times, school may be dismissed early for a variety of reasons. It is important that your child knows where to go if such a school closure were to occur.

My child knows what to do if school is closed early and we are not at home. He/she will go to the following:

Name _____ Telephone _____

Address _____

Parent Signature _____ Date _____