



Calhoun 40 Schools Student Registration and Emergency Information

Bus # _____ Bus Driver Name _____

Student's Name _____ SSN: _____
Last First Middle

U.S. Citizen? Yes No Birthdate _____ Birthplace _____

COUNTRY of Birth _____

First year in U.S. school? Yes No Has this student attended a Calhoun Unit 40 School Before? Yes No

Previous School Attended _____ Phone _____

Address _____ City _____ Zip _____

HOUSEHOLD/PARENT/GUARDIAN INFORMATION

Parent/Guardian

Parent/Guardian

Name _____

Name _____

Address _____

Address _____

City, State Zip _____

City, State Zip _____

Home phone _____

Home phone _____

Work phone _____

Work phone _____

Cell phone _____

Cell phone _____

Email _____

Email _____

Relationship _____

Relationship _____

Primary Residence? Yes No

Primary Residence? Yes No

Should school forms and reports be mailed to both parents? Yes No

Emergency Contacts

List the nearby neighbors, relatives, or caretakers who will assume temporary care of your child if you cannot be reached. Please make your child aware of these contacts.

Name _____

Name _____

Address _____

Address _____

Telephone _____

Telephone _____

Alternate Phone _____

Alternate Phone _____

Siblings Enrolled in District:

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

Medical Providers

Physician _____

Address _____

Phone _____

Hospital _____

Address _____

Phone _____

Dentist _____

Address _____

Phone _____

Allergies/Special Health Considerations _____

In case of illness or emergency, I give school authorities permission to call persons named above. I understand that school authorities will contact the local Emergency Medical System when necessary. I also give permission for school authorities to communicate with the physician or hospital regarding my child.

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Date _____

Parent/Guardian Signature _____



Calhoun Unit 40 Permission to Post Student Information

ATTENTION PARENTS

Occasionally, your student's photograph/picture may appear in various in-district and out-of-district publications such as newsletters, school newspapers, and yearbooks, web pages, communications to parents or guardians, textbooks, newspapers, and/or videos. If you do **NOT** wish to have your student's information/picture appear in such publications, **please mark** the appropriate boxes below.

Marking **YES**, gives permission to use the student's information. Marking **NO**, denies permission to use the student's information.

If all boxes remain unchecked for a statement, you will be giving permission to have your student's information appear in both in-district or out-of district publications.

Permissions, District Print Publications			
My child's name and/or picture may appear in Calhoun Unit 40's print publications distributed within or outside the district.	<table border="1" style="margin: auto;"> <tr><td style="padding: 2px;">Yes</td></tr> <tr><td style="padding: 2px;">No</td></tr> </table>	Yes	No
Yes			
No			
My child's name, picture, and/or work may appear in Calhoun Unit 40's web pages.	<table border="1" style="margin: auto;"> <tr><td style="padding: 2px;">Yes</td></tr> <tr><td style="padding: 2px;">No</td></tr> </table>	Yes	No
Yes			
No			

Parent's Signature _____

Date _____