

ALLAMAK EE COMMUNITY SCHOOL DISTRICT REENROLLMENT FORM

The "Current Record" column shows information currently on file. Please check all information, and make any changes in the "Corrections" column. **Section G must be updated every year by a parent or other legal decision maker.**

A. Student Information	Current Record	Corrections
Student Name		
Student Home Phone		
Gender		
Grade		
Date of Birth		
Grade Next School Year		
*Ethnicity(See Note Below)		
B. Address Information		
Mailing Address		
Mailing City, State, Zip		
Home Address (if different)		
Home City, State, Zip		
C. Parent Information		
Father's Name		
Father's Home Phone/Cell Phone	H-/C-.	
Employer/Work or Day Phone	E-/D-	
Father's Address (if different)		
Mother's Name		
Mother's Home Phone/Cell Phone	H-/C-.	
Employer/Work or Day Phone	E-/D-	
Mother's Address (if different)		
Parent/Guardian Email Address		
Parent/Guardian Email Address		
D. Living Arrangements		
Single Parent Household?		
Student currently lives with?		
<i>If student currently has a Step-Parent, Guardian, Foster Parent, Custodian, etc., indicate the name, relationship, and phone numbers.</i>		
Name & Relationship		
Day or Work Phone/Cell Phone	D-./C-.	
E. Emergency Information	(Local - Other than Parent)	
Contact 1-Name/Relationship		
Day Phone (Hm,Wrk,or Cell?)		
Contact 2-Name/Relationship		
Day Phone (Hm,Wrk,or Cell?)		
Contact 3-Name/Relationship		
Day Phone (Hm,Wrk, or Cell?)		

*Ethnic Types: African American; American Indian; Asian, Caucasian; Hispanic; Pacific Islander

Initials of Recorder: _____

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F. Medical Information	Current Record	Corrections
Doctor Name/Phone		
Dentist Name/Phone		
Allergies		
Does student use an Epi-Pen?		
Medications? (Please List)		
Health Problems - Circle all existing medical conditions. Describe. -Asthma -Diabetes -Hearing - Frequent Infections, Hearing Aids, or Tubes -Heart Problem (Describe) -Seizures -Vision-Contacts/Glasses -Other (Describe)		
Has any health condition resulted in a medical emergency?(Describe)		

G. To Be Completed by the Legal Decision Maker

I DO NOT want my child's work, pictures, and/or projects showcased on the internet with identifying information.

In case of a medical emergency, and I cannot be reached, I give my child's doctor or any attending physician permission to administer medical treatment.

Yes No

If there is any additional information about the health and welfare of your child of which the school needs to be aware, please contact the school office directly.

NON-PRESCRIPTION MEDICATIONS - A supply of acetaminophen (Tylenol), ibuprofen, Benadryl and cough drops/syrup is available through the school health office for occasional student use. Please indicate below your preference regarding the use of these non-prescription medications for your student.

____ Yes, I give permission for my child to be given acetaminophen, ibuprofen, Benadryl and/or cough drops/syrup at school

____ No, I do not want my child to be given acetaminophen, ibuprofen, Benadryl and/or cough drops/syrup at school.

(Signature of Legal Decision Maker)

(Date)