

2009-2010 Belgrade School District Student Information

- 1) Student's legal name: _____ **Grade** _____ **Bus #** _____
First Middle Last 08-09 (if Known)
- 2) Student's preferred name: _____ **Assigned homeroom:** _____
Preferred first Preferred last name For Office Use – Leave Blank
- 3) Gender: Male Female **Birthdate:** _____ **Place of Birth:** _____
Month/Day/Year
- 4) Student ethnicity: Caucasian American Indian Hispanic Hawaiian/Pacific Islander Asian Black
- 5) S.S.N. (optional) _____ **Family e-mail (optional)** _____
- 6) Student lives with: Both Parents Mother Father Alternates both parents Foster Other
- 7) Student's primary place of residence _____
(Must be a street address. Cannot be a post office box)
- 9) Name of housing subdivision: _____
- 10) Name(s) of sibling(s) living in household: _____
- 11) School(s) sibling(s) attend: Heck/Quaw; Ridge View; Intermediate; Middle; High School.
- 11) Does this student have special needs: No Yes. If yes, check the box: IEP; 504 Plan; Other
- 12) Court/Protection Order on file in school office: No Yes, against _____
- 13) The school needs a list of persons that may be contacted in an emergency. The person listed must be able to pick up the student in an emergency. Rank the priority order for contacting persons in case of an emergency by indicating 1st, 2nd, 3rd or 4th in the blank next to the name:
- (a) Ranking: _____ **Mother's name:** _____
First name Middle name Last name
- Home phone:** _____ **Work phone:** _____ **Cell phone:** _____
- Mailing address:** _____ **Want mail sent** Yes No
(Need not be the student's place of residence)
- City, State, Zip:** _____ **Employer** _____
- (b) Ranking: _____ **Father's name:** _____
First name Middle name Last name
- Home phone:** _____ **Work phone:** _____ **Cell phone:** _____
- Mailing address:** _____ **Want mail sent** Yes No
(Need not be the student's place of residence)
- City, State, Zip:** _____ **Employer** _____

(Please complete both sides of this registration form)

(c) Ranking: _____ Other's name: _____
First name Middle name Last name

Relationship: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Mailing address: _____ Want mail sent? Yes No
(Need not be the student's place of residence)

City, State, Zip: _____ Employer _____

(d) Ranking: _____ Other's name: _____
First name Middle name Last name

Relationship: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Mailing address: _____
(Need not be the student's place of residence)

City, State, Zip: _____ Employer _____

14) Name of Daycare: _____ Phone: _____

15) Physician's name: _____ Phone: _____

16) Dentist's name: _____ Phone: _____

17) Allergy: No Yes. Specify _____ Under medical treatment? No Yes

18) Asthma: No Yes. Specify _____ Under medical treatment? No Yes

19) Seizure history: No Yes. Explain _____

20) Heart or respiratory condition(s): No Yes. Explain _____

21) Skin Condition: No Yes. Explain _____

22) Known visual or auditory (hearing) difficulties: No Yes. Explain _____

23) Physical restrictions or limitations: No Yes. Explain _____

24) Medication taken during school time: No Yes. Explain _____

25) In case of emergency and if we are unable to locate you or the above contacts, do you give the school district or emergency personnel permission for your child to be treated - including transporting the student by ambulance, if needed? Yes No

I certify that I am the legal guardian of the child listed above and that any information above is true and accurate to the best of my knowledge. I verify that I reside within the school district boundaries or have an approved non-resident status for my child.

Signature: _____ Date: _____