

C.U.S.D. 201 Registration Form

Student: First Name _____ Middle Name _____ Last Name _____

Address _____ City _____ State _____ Zip Code _____

Birthplace (county/state) _____ Date of Birth _____

Gender _____ Grade _____ High School Student Cell _____ Language _____

Student Lives with (name/relationship) _____ Ethnicity _____

List Siblings (if any) _____

Parents are Married _____ Divorced _____ Separated _____ Widowed _____ Other _____

FAMILY 1:

Custodial Parent/Guardian _____ Relationship to Student _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Custodial Parent/Guardian: _____ Relationship to Student _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

FAMILY 2:

Name _____ Relationship to Student _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

EMERGENCY CONTACTS: If custodial parents cannot be reached or unavailable in an emergency:

Emergency contact is authorized to pick student up from school and/or be informed if student is being transported via ambulance

Emergency Contact 1:	Emergency Contact 2:
Relationship to Student:	Relationship to Student
Home Phone	Home Phone
Cell Phone	Cell Phone
Work Phone	Work Phone

MEDICAL ALERT: Conditions we should be aware of _____

I hereby give my consent to the hospital emergency staff to treat my child in an emergency.

Parent/Guardian Name (Print) _____ Parent Signature _____ Date _____