

St. Helena Unified School District

Registration/Emergency Information

St Helena Primary School

For office use only:

Student # _____

Date Completed: _____ Auth. Initials _____

Last School District:	Last School Attended:	1st Year Enrolled in U.S.:

Has this student ever been expelled? yes no If yes, name and location of school: _____

STUDENT INFORMATION:

Last Name _____ First Name _____ Middle Name _____ M/F _____ Birth Date _____ Grade _____

Child resides with: Both parents Mother Only Father Only Shared Custody Legal Guardian

Please select whether or not at least one parent/guardian is active in the US Armed Forces Yes No

Special Education Services: Yes No RSP Special Day Speech/Language Other

Father or Guardian :

Last Name _____ First Name _____ Physical Address (include city, state, zip code) _____

Home Phone _____ Business Phone _____ Mailing Address (include city, state, zip code) _____

Cell Phone _____ E-Mail Address _____

Mother or Guardian :

Last Name _____ First Name _____ Physical Address (include city, state, zip code) _____

Home Phone _____ Business Phone _____ Mailing Address (include city, state, zip code) _____

Cell Phone _____ E-Mail Address _____

Temporary residency options, check if applicable: Family resides in a temporary shelter Family resides in a hotel/motel

Other people to call in case of emergency, who are authorized to take your student from school (list in order of preference).

Name	Phone	Cell Phone	Relationship
1.			
2.			
3.			

MEDICAL RELEASE: In the event that a parent cannot be reached and immediate medical care is needed, the staff of SHPS has parental permission to seek such treatment. If primary physician is unavailable, the St. Helena Unified School District staff may seek emergency treatment as needed.

Primary Physician: _____ Phone: _____

Insurance Provider: _____ Medical #: _____

WAIVER: As stated in the California Education Code Section, I understand that I hold the St. Helena Unified School District, its officers, agents, and employees harmless from any liability or claims, which may arise out of or in connection with my child's participation in this activity.

Authorization to release photo to media: yes no

We strive to highlight their achievements in the classroom and during activities through the yearbook, photographs, video, and/or interviews on our websites, newsletters, the newspapers or other media. Checking "yes" will authorize us to positively highlight your child.

List any long term health problems, allergies, or daily medications prescribed for your child: _____

List brother/sisters (name and age): _____

Language preference for receiving information at home: English Spanish

Custodial Parent: _____ **Date:** _____