

MIDDLEBOROUGH PUBLIC SCHOOLS PUPIL REGISTRATION FORM

For Office Use Only (Circle One) BUS WALK MINI-VAN YMCA PICK-UP
 Student ID # Transportation/Bus # (AM) (PM)

Student Name Last _____ First _____ Middle _____

School attending in September _____ **Grade** _____

Current Address _____ Home/Cell # _____

Gender: M _____ F _____ Birth Date _____ Place of Birth _____

Is student presently receiving specialized school services or being referred to make this determination? Yes _____ No _____

Emergency Contact (Other than Home)

Name and Address _____ Home/Cell # _____

List health conditions such as heart disease, diabetes, seizures, severe allergies, eyeglasses, ear problems, or any chronic condition, as well as medications prescribed: _____

Primary Care Physician _____ Phone # _____ Dentist _____

Parent/Guardian Information Marital Status: Married _____ Separated _____ Divorced _____ Other _____

Do both parents have joint custody of student? Yes _____ No _____

If either parent does not reside with student, identify parent with primary custody: Father _____ Mother _____

Comments regarding custody _____

NOTE: IF A LEGAL RESTRAINING ORDER OR CUSTODY ORDER EXISTS, A COPY MUST BE ON FILE IN THE SCHOOL OFFICE IN ORDER TO BE ENFORCED. UPDATES MUST BE SUBMITTED PROMPTLY.

Primary Contact (C1) Relationship _____ (Father, Mother, Guardian, Foster, Aunt, Uncle, Other)

Name _____ Employer _____

Address (if other than student's) _____ Home # _____

Work # _____ Cell # _____

Additional Contact(C2) Relationship _____ (Father, Mother, Guardian, Foster, Aunt, Uncle, Other)

Name _____ Employer _____

Address (if other than student's) _____ Home # _____

Work # _____ Cell # _____

Additional Contact(C3) Relationship _____ (Father, Mother, Guardian, Foster, Aunt, Uncle, Other)

Name _____ Employer _____

Address (if other than student's) _____ Home # _____

Work # _____ Cell # _____

LIST THREE (3) NEIGHBORS/NEARBY RELATIVES WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED.

Name (C4) _____ Home/Cell # _____

Address _____

Name (C5) _____ Home/Cell # _____

Address _____

Name (C6) _____ Home/Cell # _____

Address _____

PLEASE LIST ADDITIONAL NEIGHBORS/RELATIVES (18 YEARS OR OLDER) TO WHOM YOUR CHILD MAY BE RELEASED.

Name (C7) _____

Name (C8) _____

Name (C9) _____

Other Children in Family List all children in family attending public, private, vocational or other schools.

NAME	BIRTH DATE	NAME OF SCHOOL ATTENDING IN SEPTEMBER
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1. _____

2. _____

3. _____

I, the undersigned, authorize officials of the Middleborough Public Schools to contact those listed above. If neither parents (guardians) nor those listed above are able to be contacted, school officials (including school physician) are authorized to take whatever action is deemed necessary in their judgement, including hospitalization, for the emergency or health care of my child. I will not hold the Middleborough Public Schools financially responsible for any emergency care and/or transportation resulting. To the fullest extent permitted by law, I agree to defend, indemnify and hold harmless the Middleborough Public Schools from liability.

Signature _____ **Relationship** _____ **Date** _____