



KFS School Registration 2017-2018

Student's Name: _____ Gender: M F Other _____
First Middle Last

Birth date: _____ Grade: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Last school/grade attended: _____

Last date at previous school: _____

CONTACTS - Parent/Step-parent/Guardian with whom the student lives:

Name: _____

Name: _____

Relationship to student: _____

Relationship to student: _____

Employer: _____

Employer: _____

Work: _____ Cell: _____

Work: _____ Cell: _____

Can be called at work? Yes No

Can be called at work? Yes No

E-mail address: _____

E-mail address: _____

Emergency Contact 1 *(other than parents)*

Name: _____

Relationship to student: _____

Home PH: _____

Work PH: _____ Cell PH: _____

Emergency Contact 2 *(other than parents)*

Name: _____

Relationship to student: _____

Home PH: _____

Work PH: _____ Cell PH: _____

Health Information: (Please mark yes or no. If yes, answer the explanation listed.)

Condition	Yes	No	Explanation
Allergies			Please list any allergies: Treatment or accommodations: Epi Pen prescribed: Yes or No
Asthma			Treatment:
ADD/ADHD			Medications:
Seizure Disorder			Date of last seizure:
Diabetes			Treatment:
Currently taking medications			List medications:
Please describe any other health history that would be beneficial for the school to know.			

Doctor's name: _____ Doctor's phone: _____

Dentist's name: _____ Dentist's phone: _____

I hereby give my permission for The KFS School to take my child for emergency care if I cannot be contacted. Yes or No

Do you have health insurance for your child? Yes or No If yes, what health insurance company?

Please list all other children in your family:

<u>Name</u>	<u>Birth Date</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If a second report card, progress note or other information needs to be duplicated, please indicate below and provide the necessary information for the mailing.
or No

Parent Signature: _____

Student lives with: *(circle one)*
Both Parents Mother Father Other _____

Non-custodial parent:
Name: _____
Relationship to student: _____
Address: _____

Can this parent contact and/or pick up student? Yes

If NO, we must have legal documentation on file in the office.

<p>Release of Student Information</p> <p>Yes or No</p> <p><i>(Releases your child's name and info to newsletter and/or newspaper for sports, pictures, etc.)</i></p>
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