CHEBANSE ELEMENTARY REGISTRATION SHEET

Date: ____________________

Name: ____ Grade: ______ Sex: ______
Last First Middle

Address: ____ Phone: __________________
(Street or 911) (PO Box #) (Town)

Date of birth:________________ Place of Birth: ____
(City & State)

Student's Social Security Number: ______________________
Child lives with: _______Mother _______Father ______Both Parents

Father's Name: _________________________________Address:_______________________________
Father's Employer:_____________________________Work Phone:____________________________
Cell Phone: ______________________________
Mother's Name:________________________________Address:_______________________________
Mother's Employer:____________________________ Work Phone: _____________________________
Cell Phone: ______________________________
Sitter's Name:__________________________________ Phone Number: _________________________

EMERGENCY CONTACTS IN CASE YOU CAN'T BE REACHED:
____ Phone: __________________________
(Relationship)
____ Phone: __________________________
(Relationship)

IF WE ARE UNABLE TO CONTACT YOU IN CASE OF AN EMERGENCY THAT WOULD REQUIRE A DOCTOR, DO WE HAVE YOUR PERMISSION TO TAKE THE CHILD TO A DOCTOR? _____________
Family Doctor's Name: ____Phone: _______________________

WHICH HOSPITAL DO YOU PREFER? _______________________________

MEDIC ALERT:
________WELL
________ DIABETES
________ ALLERGIC REACTION
________ASTHMA
________EPILEPSY
________OTHER

COMMENTS:____
____

ETHNIC CODE:
_______ALASKAN NATIVE/AMERICAN INDIAN
_______ASIAN AMERICAN/PACIFIC ISLANDER
_______BLACK, NON-HISPANIC
_______HISPANIC
_______WHITE, NON-HISPANIC

BROTHERS AND SISTERS:
_______________________ AGE: _____ __________________________ AGE: _____
_______________________ AGE: _____ __________________________ AGE: _____

SIGNATURE OF PARENT/GUARDIAN: _______________________________________