

**TRI-COUNTY SCHOOL DISTRICT #2358 KARLSTAD, MN 56732
2016-2017 REGISTRATION FORM**

Child's Name _____ Grade: _____
(Legal Last Name) First Middle

Mailing Address _____
(Box # or Street) City State Zip

Email Address: _____ Home Phone # _____

Storm Home: _____

Date of Birth _____ Place of Birth _____

Father's Name _____

Father's Occupation _____ Cell Phone # _____

Mother's Name _____

Mother's Occupation _____ Cell Phone # _____

Guardian/Foster Parent _____ Phone # _____

Mother's Maiden Name _____

Step Parent's Name _____

Child lives with (circle one): Both Parents Father Mother Guardian Foster Parents

Number living in home: Adults _____ Children _____

Can your child be released to either parent? Yes _____ No _____

If not, are custody papers on file in your child's school records? Yes _____ No _____

If NO, please supply the office with the appropriate papers ASAP—

THESE PAPERS MUST BE ON FILE IN THE OFFICE IN ORDER TO BE ENFORCED—

IF WE DO NOT HAVE THEM YOUR CHILD CAN BE RELEASED TO EITHER PARENT.

Do you wish student notification sent to non-custodial parent/guardian? Yes _____ No _____

If so please supply address here:

In case of emergency and I cannot be reached, I (give/do not give) permission for my child to receive necessary medical treatment at the nearest facility.

Any medical condition/concern/allergy/medication we should be aware

of _____

Can this information be shared with appropriate school personnel? Yes _____ No _____

Person to contact in the event that either parent/guardian cannot be contacted

Name Relationship Phone

Permission to Pick Up _____
Name Relationship Phone

Permission to Pick Up _____
Name Relationship Phone

If, at any time during the school year, you want someone else to pick up your child from school, please write a note for the teacher informing him/her of the name of the person as well as letting the office know. This is for your child's protection as well as for ours.

Last School(s) Attended (or where preschool screening was done if Pre-K or K)

Name of School _____ Grade _____

Complete Address _____

Dates Attended _____

Is student currently receiving special education services? Yes _____ No _____

I verify the above information to be correct and true.

SIGNATURE (Parent/Guardian) _____ **Date** _____