

Oberon Public School #16 – Student Registration

Student's Last Name _____ First Name: _____ Middle Name: _____

Student Physical street address: _____

Mailing address: _____ (Mother Father Guardian)

City _____ State: _____ Zip _____

Additional Mailing address: _____ (Mother Father Guardian)

City _____ State: _____ Zip _____

Male _____ Female _____ Date of Birth _____

*Is this student Hispanic or Latino? Yes _____ No _____

*What is student race? (check all that apply)

American Indian Black or African American Asian

Native Hawaiian or Other Pacific Islander White

Student's Cell Phone Number: _____

Parent/Guardian #1:

Last Name _____ First Name _____

Father Stepfather Legal Guardian

Mother Stepmother Foster Parent Other specify relationship: _____

Address: _____

check if same as above

Home Phone _____ Cell Phone _____ Email address: _____

Employer: _____ Work phone _____

Parent/Guardian #2:

Last Name _____ First Name _____

Father Stepfather Legal Guardian

Mother Stepmother Foster Parent Other specify relationship: _____

Address: _____

check if same as above

Home Phone _____ Cell Phone _____ Email address: _____

Employer: _____ Work phone _____

Physician's Name: _____ Phone _____

If we are not able to contact you or the physician listed above, do we have your permission to take your child to the emergency room of the nearest hospital, at your expense, and do we further have your authorization for the hospital and its medical staff to provide such treatment as a physician deems necessary for the well-being of your child? YES _____ NO _____

Parent/Guardian signature: _____ Date: _____

Other Children in the Family:

	NAME	BIRTH DATE	SEX	SCHOOL
1.				
2.				
3.				
4.				

Please check if your child has any medical conditions:

Allergies (specify) _____

Asthma _____ Other _____

EMERGENCY CONTACT #1: (other than parent/guardian)

Name _____ Relationship to student _____

Address: _____

Home Phone: _____ Cell Phone _____ Work phone _____

EMERGENCY CONTACT #2: (other than parent/guardian)

Name _____ Relationship to student _____

Address: _____

Home Phone: _____ Cell Phone _____ Work phone _____

STORM HOME: NAME: _____ ADDRESS: _____ PHONE: _____
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By signing this form I am verifying that the information contained herein is correct.

Parent/Guardian Signature: _____ Date: _____