

Geronimo Public School Enrollment Form
2016-2017 School Year

Student's Name _____ Sex _____ Grade _____ Age _____
(First) (MI) (Last)

Mailing Address: _____
Physical Address _____ Home Phone _____

Student's S.S. # _____ - _____ - _____ Date of Birth ____/____/____ Place of Birth _____
(Required)

Transportation Method: _____ (Walk, Bus, Private Car)

Race (Please circle one): Asian, African American, Caucasian, Native American, Pac. Islander
Is student of Hispanic Origin? (Please circle one): Yes No

Previous School? _____
(Name) (City) (State) (Zip) (Phone)

Has student ever been enrolled in Special Education Class? Yes or No

If yes, please circle: Autism, Learning Disability, OT/PT, Speech Therapy, Other _____

Please list name of adults with whom the child lives:

Name/Relationship _____ Cell # _____
Place of Employment _____ Phone # _____
Email address _____

Name/Relationship _____ Cell # _____
Place of Employment _____ Phone # _____
Email address _____

Non-Resident Parent _____ Cell # _____
Place of Employment _____ Phone # _____
Email address _____

Are custody papers in effect? _____ If so, please provide the school a copy.

HEALTH INFORMATION

Does student have health insurance? Yes or No

Name of Plan: _____ Policy Number: _____

Student Health Condition(s): _____
(Allergies, Asthma, Diabetes, etc.)

Doctor's Name _____ Phone Number _____

Please continue on reverse side

FOR SCHOOL USE ONLY

BirthCertificate _____ Immunizations _____ Lunch _____ Bus# _____ StartingDate ____/____/____ Teacher _____

Does your child require medication at school? Yes or No (If yes, additional form required)

Do you give your permission for Geronimo Elementary to give your child ibuprofen for headaches or fever, etc.? Yes or No

In case of emergency, illness, or accident to the student named above, the school is authorized to proceed as indicated:

1 st contact	_____	_____	_____
	Name	Relationship to child	Phone number
2 nd contact	_____	_____	_____
	Name	Relationship to child	Phone number
3 rd contact	_____	_____	_____
	Name	Relationship to child	Phone number
4 th contact	_____	_____	_____
	Name	Relationship to child	Phone number
5 th contact	_____	_____	_____
	Name	Relationship to child	Phone number
6 th contact	_____	_____	_____
	Name	Relationship to child	Phone number

Note: The individual(s) listed above will be allowed to pick up your child from school.

Consent for Emergency Medical Treatment

The undersigned authorizes and provides consent to the employees of Geronimo Public School to seek medical treatment from a licensed physician or dentist on behalf of _____ in an event of an emergency. The undersigned also consents to be the responsible party for the payment of costs associated with this treatment or care, including costs not covered by insurance and/or for students without medical/health insurance.

Signature of Parent/Guardian

Date

Home Language Survey

Is a language other than English spoken at home? Yes No

Does the student speak a language other than English? Yes No

List any language other than English spoken in the home: _____