

South Central Calhoun Schools Registration & Emergency Information Form

Please List All Students (full names) Oldest to Youngest:

1. _____	Grade: _____	Birth Date: _____	Race: _____
2. _____	Grade: _____	Birth Date: _____	Race: _____
3. _____	Grade: _____	Birth Date: _____	Race: _____
4. _____	Grade: _____	Birth Date: _____	Race: _____
5. _____	Grade: _____	Birth Date: _____	Race: _____

Home Phone #: _____

Primary Language: _____

Address: _____

County: _____

Email Address: _____

Father's name: _____ **Mother's name:** _____ **(H.S. Only)**

Father's Cell #: _____ **Mother's Cell #:** _____ **Student's Cell #:** _____

Father's Employer: _____ **Mother's Employer:** _____ **Student's Cell #:** _____

Father's Work #: _____ **Mother's Work #:** _____ **Student's Cell #:** _____

In Case of an Emergency and YOU cannot be reached - CONTACT: Name _____ Phone # _____

If there is another adult in your household who has your permission to act as a parent's authority for your child, please provide information.

Name: _____ Cell #: _____ Work #: _____

If the family has experienced a separation or divorce, please complete this section:

Provide the parent's name and address if the school is expected to mail school information to the parent.

Name: _____

Has there been a court order that limits the contact this parent may have with the child, or that restricts parental rights? Yes ___ No ___

Address: _____

If yes, please provide a copy of the court document to be placed in student's cum. folder.

City, State, Zip: _____

Signature of Parent/Guardian: _____ Date: _____