

DE SOTO AREA SCHOOLS STUDENT DATA/REGISTRATION FORM
Schools are required by State Law to collect the following information! Please print.

Student Information

Legal Name of Student: _____
Last Name First Name Middle Name
Grade: ____ Gender: ____ Age: ____ Year of Graduation: ____

Is this student Hispanic or Latino? Circle one: Yes No
(Choose one or more. You must select at least one.) Is this student: **American Indian or Alaska Native**
 Asian **Black or African American** **Native Hawaiian or Other Pacific Islander** **White**

Address: _____ City: _____ State: _____ Zip Code: _____
Telephone number with area code: _____ Student's Date of Birth: ____ / ____ / ____
Birthplace (City and State): _____ Birth County: _____

Parent/Guardian Information

Please list ALL adults who are legally entitled to receive information about this student.
Furnish all contact information for each person listed.

Name: _____ Relationship: _____ Resides with? **YES** ___ **NO** ___
Mailing Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____ Email: _____
Employer: _____ Work Phone: _____ Ext: _____

Name: _____ Relationship: _____ Resides with? **YES** ___ **NO** ___
Mailing Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____ Email: _____
Employer: _____ Work Phone: _____ Ext: _____

Name: _____ Relationship: _____ Resides with? **YES** ___ **NO** ___
Mailing Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____ Email: _____
Employer: _____ Work Phone: _____ Ext: _____

Medical and Emergency Information

Local Person to contact (**other than self**): _____ Phone: _____

Doctor's Name: _____ Clinic: _____ Clinic Phone: _____

Special Health Concerns (allergies, asthma, etc.): _____

Permission to give Tylenol / Ibuprofen: _____ Yes _____ No

Current medications: _____ (Please supply doctor orders if they are to be dispensed at school.)

If I am unable to be reached, I hereby give my consent to school authorities to take my child to a physician in case of an emergency or serious illness (deemed so by school authorities) and I give permission to the physician to perform any necessary treatment of my child.

Signature of Parent or Guardian Date: _____

If you do not wish to give consent, what do you want done? _____

PLEASE COMPLETE OTHER SIDE!!

Previous School Attended
(If transferring from another school district)

Name of previous school attended: _____

Address: _____ Phone: _____ FAX: _____

Last date of attendance: ____/____/____

Was the student expelled from the last school of attendance? _____ Yes _____ No

If So- Date of Expulsion: ____/____/____

Reason for Expulsion: _____

Is the student under consideration of expulsion at last school of attendance? ___Yes___ No

If So- Reason for consideration of Expulsion: _____

Has the student ever been in the De Soto School District? _____ If so, when? _____

I object to my child using the Internet during the 2013-2014 school year.

Parent Initial & Date _____

Do not disclose my employment information to the Dept. of Public Instruction.

Parent Initial & Date _____

Names of other children in the family

Name _____ Age ____ Gender ____ Birth date _____

Name _____ Age ____ Gender ____ Birth date _____

Name _____ Age ____ Gender ____ Birth date _____

Name _____ Age ____ Gender ____ Birth date _____

PARENT/GUARDIAN SIGNATURE

(REQUIRED FOR REGISTRATION TO BE COMPLETE FOR EACH NEW YEAR)

Signature of Parent/Guardian

Date

SPECIAL NOTE: Please notify school officials immediately as to changes and modifications to any and all information stated, that occurs throughout the school year.

If you do not want De Soto Area Schools to disclose directory information (per Student Handbook) from your child's education records without prior written consent, you must notify the District in writing prior to the end of the first two weeks of school.