

**PENINSULA SCHOOL DISTRICT
ENROLLMENT/EMERGENCY FORM**

Office Use Only:	School Year: _____	Grade: _____	Bus #: _____
	TEACHER: _____	Student ID # _____	

PRINT

Student's LEGAL Name _____ / _____ / _____
LAST **FIRST** **MIDDLE**

Gender: Male or Female **AGE:** _____ **Birthdate:** _____ **Birth Country:** _____

Ethnicity : *(check one)* Native/Alaskan-American Asian African-American Hispanic White Pacific Islander Multiracial

Mailing Address: _____ **City:** _____ **Zip:** _____
 Mother Father Both

Physical Address: _____ **City:** _____ **Zip:** _____
 Mother Father Both

2ND Physical Address: _____ **City:** _____ **Zip:** _____
 Mother Father Both

STUDENT LIVES WITH: MOTHER FATHER SHARED CUSTODY GUARDIAN (if a guardian, your relationship is: _____)
 SOLE CUSTODY ~ *if one parent has sole/restrictive custody, valid court papers must be at the school*

ESL/Bilingual -if checked, starting in which grade? _____ Student's Primary Language: _____
Language spoken at home: _____ Year student moved to U.S.A. _____ Interpreter needed to talk with family?

Mother's Full Name _____ Home Phone: _____ <input type="checkbox"/> unlisted Cell Phone: _____ Email: _____ Employer: _____ wk# _____ Step Parent: _____ cell# _____ Employer: _____ wk# _____	Father's Full Name _____ Home Phone: _____ <input type="checkbox"/> unlisted Cell Phone: _____ Email: _____ Employer: _____ wk# _____ Step Parent: _____ cell# _____ Employer: _____ wk# _____
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Emergency Contacts: *those who may pick up your child if we cannot contact you; include 2 landlines & one out of state*
Name: _____ Relationship: _____ hm#(____) cell#(____)
Name: _____ Relationship: _____ hm#(____) cell#(____)
Name: _____ Relationship: _____ hm#(____) cell#(____)
CHILDCARE PROVIDER: _____ phone# _____ alternate# _____

Brothers & Sisters **OK to pick-up sibling?**
Name: _____ YES NO Grade: _____ Name of school: _____
Name: _____ YES NO Grade: _____ Name of school: _____
Name: _____ YES NO Grade: _____ Name of school: _____

*Please understand **your child will be placed in the YMCA Child Care program if you are late** picking him/her up (after 3:40pm) or when your child is returned to school because no one met him/her at the bus stop (Elementary only).*

Please list others who **MAY NOT** pick up your child. Please attach an additional page if needed:

SCHOOL DIRECTORY INFORMATION

Schools may disclose, without consent, "directory" information Such as a student's name, address, telephone number, date and Place of birth, honors and awards, and dates of attendance.

Release directory information: YES NO

PHOTO RELEASE INFORMATION

Photos can include: visits by news media; staff photos for school/district publications; websites, presentations and other publications with a wide distribution.

Allow photos to be taken YES NO

If no, allow yearbook photos? YES NO

*If nothing is checked, we will assume that permission for release of directory information and photos to be taken has been granted.
If this child is a ward of the court (foster child), permission **MUST** be obtained from his/her caseworker.*

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the school district staff-in-charge or the YMCA personnel to obtain emergency care for my student, neither he/she, the district or the YMCA assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

I understand this information may be shared with staff who are supervising the student, and/or who need the information in order to protect the health and safety of the student and provide a safe learning environment. **I state that the information I provided on this form is true and accurate.**

Parent/Guardian: _____ **date** _____ **Parent/Guardian:** _____ **date** _____
Signature 2nd signature optional