



Manchester Community School District

REGISTRATION/EMERGENCY FORM

Student Name: _____
Full Legal Last Name Full Legal First Name Middle Initial

Street Address: _____ P.O.: _____

City: _____ Zip: _____

Home Phone Number: _____

Enroll in Grade: _____ Gender: Male Female

HEALTH STATUS (if any check Copy Distribution to Health Needs Coordinator)

504 (history of or needed)

Student had medical condition

Medications or Treatments at School

History of frequent absences, health office visits, abnormal vision or audiometric screening records, behavioral/discipline records, mental health forms?

Ethnic Code: use 1,2,3 to rank primary and secondary ethnic groups:

- White (Caucasian) Hispanic/Latino Asian American
- American Indian/Alaskan African-American Native Hawaiian/Pacific Is.

Birthdate _____ Birth Place _____
Month/Day/Year City/State

Legal Father/Guardian: _____

Lives at same location as child: Yes No

If not: Please provide address: _____

Dual mail: Yes No

Place of Employment: _____

Daytime Phone: _____ Home/Cell Phone: _____

E-Mail: _____

Legal Mother/Guardian: _____

Lives at same location as child: Yes No

If not: Please provide _____

Dual mail: Yes No

Place of Employment: _____

Daytime Phone: _____ Home/Cell Phone: _____

E-Mail: _____

DO NOT FILL OUT OR MARK OFFICE USE ONLY

Student Number _____

Entry Date _____

Entry Code _____ Prev LEA _____

Birth Cert Y N YOG _____

School of Choice: Yes No

Home School # _____

Immunization(s) Yes No

Lunch App: Yes No

Student Records: Req'd _____

Rec'd _____

Spec Ed Records: Req'd _____

Rec'd _____

NON-RESIDENT STATUS:

- Dual Residency
- School of Choice
- District Release
- COPY DISTRIBUTION (as needed)**
- Special Ed. Department
- ELL/Migrant/Title III Coordinator
- Homeless Student Coordinator
- 504 Coordinator (by building)
- Title I Coordinator

Child lives with...

- Both parents in home
- Father only
- Mother only
- Divorced, Joint Custody
- Divorced, Sole Custody (office must have legal documentation on file)*
- Legal guardian*
- Other*: _____
- Court placed*: _____
- Relative*: _____
- Foster home*

* Copies of court documents required

Local Emergency Contacts (In Addition to Parents/Guardians):

Emergency Contact Person: _____ **Relationship:** _____

Phone Number: _____ Home / Cell / Work (Please circle which applies)

Emergency Contact Person: _____ **Relationship:** _____

Phone Number: _____ Home / Cell / Work (Please circle which applies)

Emergency Contact Person: _____ **Relationship:** _____

Phone Number: _____ Home / Cell / Work (Please circle which applies)

Child may NOT be released to the following people (office must have legal documentation on file):

Person: _____ Relationship: _____

Person: _____ Relationship: _____

Medical Conditions/Issues

Does your child have any of the following medical issues:

Asthma

Food Allergies (Please List) _____

(Other Allergies) _____

Diabetes (Please Check): Type 1 Type 2

Seizures

ADHD/ADD

Cardiac Conditions

List and/or describe all allergies and other medical conditions about which school staff members should be aware:

Will your child require medication at school?

Yes

No

Please have your physician fill out a Medication Administration Authorization Form. This form must be completed in entirety, signed by the physician and you, and on file at the school before any medication may be administered to a student. Form is located at <https://www.manchesterschools.us/> under FORMS/LINKS or you can pick up a form from the school office.

NOTE: there is a separate form for over the counter medications

Please deliver additional documentation regarding medical needs including medical plans for school from your doctor and/or emergency care plans for school from your doctor to the school office

You will be contacted by the School Health Needs Coordinator regarding your child's medical needs.

I affirm, that as the parent/legal guardian, all information provided above is true and accurate, and that my child and I reside at the listed address. I understand any false information provided by me, may subject me to legal penalties for perjury.

Legal Parent/Guardian Signature

Date

Legal Parent/Guardian Signature

Date

Manchester Community School District

Educational Services Information

Please check all services that your child has received at his/her previous school(s)

- Section 504 services. If checked, attach a copy of current 504 plan document.
- Special education services. If checked, attach a copy of most recent IEP/MET document.

Date of last IEP: _____

What services were being provided? _____

Bilingual Services/Limited English Proficient Services

Migrant Education Services

Title I Services

Alternative Education: Drop out Pregnant/Parent Expulsion/Suspension

Home Language Information

Is your child's first language (or native tongue) a language other than English? Yes No

Yes If yes, what language: _____

What was the language that the student first acquired? _____

Where was the student born _____? If outside the U.S when did they enter the U.S? _____

Is the primary language used in your child's home or primary living environment a language other than English?

Yes No

If yes, what language: _____

Previous School Information

Has your child ever attended a Manchester school before? Yes No When? _____

Previous school(s) attended: _____

Address: _____

Has your child been suspended or expelled by a Principal, Superintendent, Hearing Officer, or Board of Education for a semester or more OR has your child voluntarily withdrawn from a district with such disciplinary action pending?

Yes No

If yes, explain: _____

Legal Parent/Guardian Signature

Date

Legal Parent/Guardian Signature

Date

Student Residency Questionnaire

Name: _____

This questionnaire is intended to address the McKinney-Vento Act. Your answers will help school staff determine what residency and other documents are necessary for enrollment of this student.

The student lives in the following situation:

- Owner-occupied home
- Rental unit
- Emergency shelter or transitional housing*
- Motel/hotel*
- Campground*
- Public or private place not designed for or ordinarily used as regular sleeping accommodation for humans, including cars, parks, public spaces, abandoned buildings, substandard housing, and bus or train stations*
- Awaiting foster care placement and living in a temporary situation*
- Long-term, stable, cooperative living arrangement
- Temporary, shared housing with friends, family or others due to:
 - Loss of personal housing* (due to reasons such as eviction, inability to pay rent, destruction or damage to home, abuse or neglect, unhealthy conditions, parental abandonment or incarceration)
 - Economic hardship*
 - Other, similar reason: _____*

* Living in these situations may qualify you for services, including immediate enrollment, transportation, school supplies, educational advocacy and community referrals.

If you are living in temporary shared housing, please answer the following questions.

1. Is the living situation intended to be temporary or long-term? _____
2. How long have you lived there? _____
3. Do you consider yourself a guest in the home? Yes No
4. Are you paying rent? Yes No
5. Are you looking for another place to live? Yes No
6. Do you plan to move out soon? Yes No
7. Does the student have a legal right to be in the home? Yes No
8. Can the student or family be asked to leave at any time with no legal recourse?
 Yes No
9. Did the student move into the home as an urgent measure to avoid being on the street or in another precarious situation? Yes No
10. How many people live in the home? _____ How many bedrooms are there? _____
11. Where does the student sleep? _____