

DUTTON/BRADY SCHOOL REGISTRATION FORM

Today's Date: _____

Student's Complete **LEGAL** Name: _____

Last

First

Middle

Gender: Male Female Age: _____ Birthdate: _____ Grade: _____

PRIMARY Household – (The primary residence of your student(s) – ALL student mailings will be sent to the primary household)

PHYSICAL Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
(If different than physical)

Primary Parent/Guardian Information – Parent(s)/Guardian(s) living in Primary household **WITH** students

<i>Please select one below:</i>	<i>Please select one below:</i>
<input type="checkbox"/> Legal parent/guardian <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent	<input type="checkbox"/> Legal parent/guardian <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent
<p>Full Legal Name: _____</p> <p>Relationship to student: _____</p> <p>Primary Phone: _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home</p> <p>Secondary Phone: _____ <input type="checkbox"/> Cell <input type="checkbox"/> Work</p> <p>E-mail Address: _____</p>	
<p>Full Legal Name: _____</p> <p>Relationship to student: _____</p> <p>Primary Phone: _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home</p> <p>Secondary Phone: _____ <input type="checkbox"/> Cell <input type="checkbox"/> Work</p> <p>E-mail Address: _____</p>	

Occasionally personnel from the school need to contact parents/guardians with questions or information about the above student.

Please mark the system(s) you can be contacted. (Please mark all that apply)

<input type="checkbox"/> Phone Call	<input type="checkbox"/> Cell Text	<input type="checkbox"/> E-mail
<input type="checkbox"/> Phone Call	<input type="checkbox"/> Cell Text	<input type="checkbox"/> E-mail

Secondary Parent/Guardian Mailing – (Parent/guardian **NOT** living in the primary household with student)

In completing this section, you are giving permission to send student information and mailings to the second parent/guardian

<p>Full Legal Name: _____</p> <p>Mailing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Relationship to student: _____</p> <p>Primary Phone: _____</p> <p>Secondary Phone: _____</p> <p>E-mail address: _____</p>	<p>Name(s) of student(s) pertaining to this second parent/guardian:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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In the event the parent/guardian cannot be reached, please provide contact information for individuals to whom the student may be released.

Name	Relationship to Student	Home Phone #	Cell Phone Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

PLEASE SEE OTHER SIDE TO COMPLETE AND SIGN

SPECIAL PROGRAMS

Please check the box(s) below if your student has EVER been placed in any of the following programs.

<input type="checkbox"/> Special Day Class	<input type="checkbox"/> 504 Plan	<input type="checkbox"/> Title 1	Please specify subject(s) of Title program _____
<input type="checkbox"/> ELL (English Language Learners)	<input type="checkbox"/> Speech/Language Services	<input type="checkbox"/> Gifted and Talented	<input type="checkbox"/> Homeless
<input type="checkbox"/> Has current I.E.P. within last year	Date of last I.E.P. _____	Date exited from Special Education Services _____	

RACE/ETHNICITY

Please identify the ethnicity and race of the student by answering BOTH questions:

Is the individual Hispanic or Latino? (choose only one)

No, not Hispanic or Latino
 Yes, Hispanic or Latino

What is the individual's race? (Choose at least one race below)

American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other pacific Islander
 White

Note: Failure to answer both questions will result in use of prior racial/ethnic data or observer identifying for you.

STUDENT MILITARY CONNECTED INFORMATION

"Military Connected" student means a student enrolled in a school district who is a dependent of an active duty member of: (Please select one)

The United States Military (Army, Navy, Air Force, Marines or Coast Guard)
 Active Duty Reserve Force of the US Military
 Active Duty National Guard

Transitioning out of Active Duty to National Guard or reserve
 Does not apply

PARENT/GUARDIAN'S PERMISSION

1. On all trips he/she is to travel under the direction and authority of the supervisor and under the rules and policies of the Dutton/Brady School.
2. He/She has permission to participate in all extra-curricular activities EXCEPT: _____

DUTTON/BRADY HIGH SCHOOL ATHLETICS INFORMED CONSENT AND INSURANCE VERIFICATION

Extracurricular activities may include physical contact and physical exertion. There is an inherent risk of injury in the activity. By signing this agreement, I acknowledge that the School District staff try to prevent accidents. I agree to accept responsibility for my student's participation in the school activities. The activity is strictly voluntary.

I, the undersigned, hereby acknowledge and understand that, regardless of all feasible safety measures that may be taken by the School District, participation in this event entails certain inherent risks. I certify that my student is physically fit and medically able to participate or have noted an applicable physical or medical diagnosis at the bottom of this form. I further certify that my student will honor all instructions of district staff and failure to honor instructions may result in dismissal from the activity. I have been informed of these risks, understand them, and feel that the benefits of participation outweigh the risks involved. My signature below gives my child permission to participate in a Dutton/Brady High School Activity.

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to my student. I understand every effort will be made to contact the family or contact person noted below to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the district staff in charge to obtain emergency care for my student, I understand that neither the district employee in charge of the activity nor the school district or Board of Trustees assumes financial liability for expenses incurred because of an accident, injury, illness and/or unforeseen circumstances.

The School District DOES NOT provide medical insurance benefits for students who choose to participate in activities programs. Parents or guardians must provide insurance if coverage will apply during the student's participation. I understand that insurance is available at personal cost to me for coverage of my student's participation in activities. Personal insurance forms for coverage during sports are available in the High School Office. **THE ATHLETE IS COVERED WITH THE FOLLOWING HEALTH INSURANCE:**

Insurance (Company Name)

Policy #

Student Athlete

Signature of parent/guardian

Date