

# 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

*Please select one below:*

☐ Legal parent/guardian ☐ Step Parent ☐ Foster Parent

*Please select one below:*

☐ Legal parent/guardian ☐ Step Parent ☐ Foster Parent

Full Legal Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ ☐ Cell ☐ Home

Secondary Phone: \_\_\_\_\_ ☐ Cell ☐ Work

E-mail Address: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ ☐ Cell ☐ Home

Secondary Phone: \_\_\_\_\_ ☐ Cell ☐ Work

E-mail Address: \_\_\_\_\_

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)

☐ Phone Call ☐ Cell Text ☐ E-mail

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**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

Full Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name(s) of student(s) pertaining to this second parent/guardian:

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.

☐ Special Day Class

☐ 504 Plan

☐ Title 1

Please specify subject(s) of Title program \_\_\_\_\_

☐ ELL (English Language Learners)

☐ Speech/Language Services

☐ Gifted and Talented

☐ Homeless

☐ 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)*

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

☐ No, not Hispanic or Latino

☐ American Indian or Alaskan Native

☐ Yes, Hispanic or Latino

☐ 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 on 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