



**USD 245 LeRoy-Gridley
REGISTRATION UPDATE**

Reg. _____	Name of person _____
Date _____	registering student: _____
Relationship _____	Daytime _____
to Student: _____	Phone: _____

Section H must be updated every year by a parent or other legal decision maker.

A. Student Information	
Student Name	
Preferred Name	
Home Address	
Home City, State, Zip	
Student Home Phone	
Date of Birth	
SSN	
Ethnicity	
Gender	
Grade	
B. Address Information	
Mailing Address	
Mailing City, State, Zip	
C. Parent Information	
Father's Name	
Father's Home Phone/Cell Phone	
Employer & Work or Day Phone	
Father's Address (if different)	
Mother's Name	
Mother's Home Phone/Cell Phone	
Employer & Work or Day Phone	
Mother's Address (if different)	
D. Living Arrangements	
Single Parent Household?	
Student currently lives with?	
If student currently has a Step-Parent, Guardian, Foster Parent, Custodian, Group Home, etc, indicate the name, relationship, and phone numbers.	
Name & Relationship	
Day or Work Phone/Cell Phone	
Name & Relationship	
Day or Work Phone/Cell Phone	
E. Emergency Information (Local - Other than parent)	
Contact 1-Name/Relationship	
Day Phone (Hm,Wrk,or Cell?)	
Contact 2-Name/Relationship	
Day Phone (Hm,Wrk,or Cell?)	
Contact 3-Name/Relationship	
Day Phone (Hm,Wrk, or Cell?)	
F. Bus Information	
Bus Route	Yes -or- No
If yes, miles before shuttle	
In District	Yes -or- No

G. Medical Information	
Doctor Name/Phone	
Dentist Name/Phone	
Allergies	
Does student use an Epi-Pen?	
Medications? (Please List)	
Health Problems - Circle all existing medical conditions. Describe.	
-Asthma -Diabetes -Hearing - Frequent Infections, Hearing Aids, or Tubes -Heart Problem (Describe) -Seizures -Vision-Contacts/Glasses -Other (Describe)	
Has any health condition resulted in a medical emergency?(Describe)	
H. To Be Completed by the Legal Decision Maker	
Is this the students first year attending school in KS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, please list year: _____	
Number to be called by the Emergency Call System: _____	
Would you like to receive district and school updates through email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, print your email address here: _____	
_____ (Signature of Legal Decision Maker)	_____ (Date)

If there is any additional information about the health and welfare of your child of which the school needs to be aware, please contact the school office directly.