

☛ Immunization records and proof of residency are required for enrollment. ☛  
We reserve the right to request a birth certificate to verify your child's age.

**REGISTRATION**  
**MERTON COMMUNITY SCHOOL DISTRICT**

Grade Entering \_\_\_\_\_ Registration Date \_\_\_\_\_ Date Entered \_\_\_\_\_

Name of Child \_\_\_\_\_  
Last First Middle

**FULL LEGAL NAME REQUIRED**

Address \_\_\_\_\_

P.O. Box \_\_\_\_\_ City & Zip \_\_\_\_\_

Birth date \_\_\_\_\_

Race / Ethnicity: \_\_\_ American Indian/Alaskan Native \_\_\_ Asian/Pacific Islander  
\_\_\_ Black, not Hispanic Origin \_\_\_ Hispanic \_\_\_ White, not of Hispanic Origin

**Names of Parents/Step-Parents/Guardians: please include area codes w/ phone numbers**

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Father's Home Phone

\_\_\_\_\_  
Mother's Home Phone

\_\_\_\_\_  
Father's Work Phone

\_\_\_\_\_  
Mother's Work Phone

\_\_\_\_\_  
Father's Cell Phone or Pager

\_\_\_\_\_  
Mother's Cell Phone or Pager

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

**If your child becomes ill or is injured at school and we are unable to reach you, whom should we notify?**

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

# MERTON COMMUNITY SCHOOL DISTRICT

Child's First & Last Name \_\_\_\_\_ Grade \_\_\_\_\_

I authorize school personnel to call emergency medical response / or emergency ambulance or rescue squad in cases of emergency, serious accident or illness for the \_\_\_\_\_ school year.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



Doctor's Name \_\_\_\_\_

Dentist's Name \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Phone ( ) \_\_\_\_\_

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<h2>EMERGENCY SCHOOL CLOSING INFORMATION</h2>
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Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

In the event school is closed early, my child(ren) should: (please check one)

- Ride his/her regular bus home  Walk home
- Will be picked up by \_\_\_\_\_
- Go to a baby sitter: Name \_\_\_\_\_  
Phone ( ) \_\_\_\_\_
- Other \_\_\_\_\_

Is there any person or persons that are legally forbidden from removing your child(ren) from the Merton Community School District?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, **please provide written legal documentation** regarding person's name, address, circumstances, etc. The district cannot prevent the named person from removing your child(ren) from school without legal documentation. If you have questions/concerns, please contact your building principal.

# STUDENT HEALTH HISTORY

The following questions are asked to assist in determining your child's needs in a school setting.

Child's Name \_\_\_\_\_

Sex \_\_\_\_\_

## CHILD'S HEALTH HISTORY – PLEASE COMPLETE A1, A2 AND A3

(Circle Y or N for each condition)

### A. CURRENT HEALTH STATUS

1. Check any which apply to your child:

\_\_\_\_ **Allergies**    Y    N

Allergic to \_\_\_\_\_

Symptoms are \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ **Asthma**    Y    N

Last attack \_\_\_\_\_

Does your child take "emergency" or as needed meds for asthma? \_\_\_\_\_

Does your child take daily medication for asthma? \_\_\_\_\_

What triggers or brings on symptoms? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ **Bone and Joint Disease**    Y    N

Please explain any area/s checked above:

\_\_\_\_\_

2. Is your child currently taking medication?    Yes \_\_\_\_\_    No \_\_\_\_\_

Will he/she need to take medication at school?    Yes \_\_\_\_\_    No \_\_\_\_\_

If yes, a **Medication Permission Form** must be on file in the school office.

3. Does your child have a health condition not listed above that appropriate school personnel should be aware of?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

\_\_\_\_\_

## IMMUNIZATION HISTORY

Complete immunization records **are required for enrollment** in the Merton Community School District. Please provide a copy of your child's immunization history with these forms.

## SPECIAL EDUCATION NEEDS

Has your child ever been referred for special education services? Yes \_\_\_ No \_\_\_

Does your child receive special education services? Yes \_\_\_ No \_\_\_

If yes, does your child have an individualized education program (IEP)? Yes \_\_\_ No \_\_\_

Are there any other circumstances that you feel we should be aware of? Yes \_\_\_ I would like to speak with a representative for the district (ie: principal, counselor, school psychologist)

## HOME LANGUAGE SURVEY

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Relationship of person completing the survey:  Parent  Guardian  Other \_\_\_\_\_ Initials

Directions: Check the correct response for each of the following questions and indicate other languages where appropriate:

What language did the student learn when she/he first began to talk?  English  Other \_\_\_\_\_

What language does the family speak in the home most of the time?  English  Other \_\_\_\_\_

What language does the parent/guardian speak to the child most of the time?  English  Other \_\_\_\_\_

What language does the student speak to the parent/guardian most of the time?  English  Other \_\_\_\_\_

What language does the student speak to her/his sisters/brothers most of the time?  English  Other \_\_\_\_\_

What language does the student speak to her/his friends most of the time?  English  Other \_\_\_\_\_

Does your child speak/hear any other language at home?  NO  YES If yes, what language? \_\_\_\_\_

Has your child ever received ESL/ELL services?  NO  YES  
If YES, when were these services received? \_\_\_\_\_

**FOR OFFICE USE ONLY: Route to ELL**  Yes  No

State Statute 115.96(2)

***This information must be completed by NEW STUDENTS ONLY!***

**Please provide the name, address, phone and fax numbers of your child's previous school**

School Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (     ) \_\_\_\_\_ Fax Number (     ) \_\_\_\_\_

.....  
I authorize the sharing of pertinent medical information by the school district with school personnel, the bus company and others deemed necessary and appropriate by the school.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

.....  
I authorize the sharing of pertinent medical information by the school district with school personnel, the bus company and others deemed necessary and appropriate by the school. Signature below also authorizes the Merton Community School District to release to the Arrowhead Union High School District standardized assessment and other achievement data on my child as it becomes available during the 8<sup>th</sup> grade year, for programmatic and planning purposes.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_