

Student Emergency/Enrollment Form  
\*All Information must be completed\*

**Student Information:**

Date: \_\_\_\_\_ Teacher: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Gender: (M/F) \_\_\_\_\_

Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Birth City \_\_\_\_\_ Birth State \_\_\_\_\_ County \_\_\_\_\_

Ethnic Group: (number all that apply, in priority order 1-6)

American Indian/Alaska Native

Asian American

Black or African American

Native Hawaiian or Pacific Is

White

Hispanic or Latino

**Parent Information:**

**Mother – Step Mother – Guardian (circle one)**

**MAY WE CONTACT YOU AT WORK \_\_YES \_\_NO**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Email \_\_\_\_\_

Check all the apply:  OK to pick up  Lives with  Legal custody  Receive Mailings

**Father – Step Father – Guardian (circle one)**

**MAY WE CONTACT YOU AT WORK \_\_YES \_\_NO**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Email \_\_\_\_\_

Check all the apply:  OK to pick up  Lives with  Legal custody  Receive Mailings

**Where is the student currently living:**

One family dwelling  Shelter  In a camp ground  Dwelling with more than one family

With a relative  Hotel or Motel  In a car  Other: \_\_\_\_\_

### Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

I authorize the physician and/or hospital listed below to treat my child in the event of serious illness or accident, when I or the other persons listed on this form cannot be reached. Any obligation for medical expense resulting from treatment in such a case is my responsibility. Permission to transport my child in case of an emergency is also given.

Hospital \_\_\_\_\_

Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Other Health Alerts \_\_\_\_\_

Does your child have any physical restrictions YES NO

Does your child require medication during school hours? YES NO

*If YES is circled, written orders from your physician and school medical form must be on file with the principal's office before medication is given.*

Has this student been receiving Special Education Services? YES NO

Has this student been receiving Speech Services? YES NO

Has this student been receiving Title I Services? YES NO

Have the courts placed this student in the present home? YES NO

Is this student a current resident of the Breckenridge School District? YES NO

Is this student participating in the GIRESD Schools of Choice? YES NO

If not a resident of Breckenridge School District – what district do you reside? \_\_\_\_\_

OTHER CHILDREN IN THE FAMILY:

\_\_\_\_\_  
(NAME) (BIRTHDATE) (AGE) (SCHOOL ATTENDING) (GRADE)

\_\_\_\_\_  
(NAME) (BIRTHDATE) (AGE) (SCHOOL ATTENDING) (GRADE)

\_\_\_\_\_  
(NAME) (BIRTHDATE) (AGE) (SCHOOL ATTENDING) (GRADE)

I give permission for my child to be transported for all field trips.

I authorize my child's photo or likeness to be used in print, media and/or mailings by Breckenridge Community Schools.

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_