

MILFORD SCHOOL DISTRICT
STUDENT REGISTRATION FORM (ELEMENTARY)

STUDENT INFORMATION		Date of Birth _____	Town of Birth _____
Last Name _____	First _____	Middle _____	Grade _____
Home Address _____		Apt# _____	Gender _____
City _____	State _____	Zip _____	Home Phone _____
Mailing Address (If different than home) _____		Apt# _____	
City _____	State _____	Zip _____	Bus # _____ AM _____ PM
Student Lives with _____		Previous school attended _____	
Primary Parent Contact _____		Phone # _____	
Is this student Hispanic/Latino? (please check ONE): <input type="checkbox"/> Yes, Hispanic/Latino <input type="checkbox"/> No, not Hispanic/Latino			
Student's Race (check as many as apply): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian			
<input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White			

CONTACT INFORMATION	
Parent/Legal Guardian #1 _____	Home Phone _____
Address _____	Employer Name _____
_____	Employer Phone _____
Email _____	Cell _____
Relationship to student _____	Receive mailings _____
Parent/Legal Guardian #2 _____	Home Phone _____
Address _____	Employer Name _____
_____	Employer Phone _____
Email _____	Cell _____
Relationship to student _____	Receive mailings _____

EMERGENCY CONTACTS	
(Adults other than those listed above who are willing to assume temporary care of your child and will be contacted if we are unable to contact a parent or guardian.)	
1	Full Name _____ Daytime Phone _____ Relationship _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work
2	Full Name _____ Daytime Phone _____ Relationship _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work
3	Full Name _____ Daytime Phone _____ Relationship _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work

Are there any restrictions regarding dismissals, visitations, or information on your child? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain _____
If there are legal restrictions for the school to observe, i.e., custody/guardianship orders or protection orders, the school must be provided with the appropriate legal documentation.

Parent /Guardian signature _____

Date _____

Student Name _____ Grade _____

MEDICAL HISTORY

Does the student HAVE?

Asthma----- Yes No
Seizures----- Yes No
Diabetes----- Yes No
Hearing problem----- Yes No
Vision problem----- Yes No

Does the student USE?

Inhaler @ school----- Yes No
Epi-Pen for allergic reactions-- Yes No

May we have permission to give:

Tylenol (pain or fever) ----- Yes No
Ibuprofen (pain) ----- Yes No
Tums (indigestion) ----- Yes No
Menthol Cough Drops----- Yes No
Benadryl ----- Yes No
(emergency allergic reaction only)

ALLERGIES

Bees----- Yes No
Environmental----- Yes No
Seasonal----- Yes No
Food(s) ----- Yes No
Medication(s)----- Yes No

Please list food(s) and/or medication(s), then describe type of reaction(s)?

Current Medications (please list)

_____ Home School
_____ Home School
_____ Home School

May we have permission to use:

Antibiotic Ointment Yes No
Calamine Lotion Yes No
Antiseptic Cream Yes No
Bee Sting Swabs Yes No
Anbesol for dental pain Yes No

Should the school nurse be aware of any other medical problems or restrictions? _____

*** The State of NH requires parent permission and a doctor's order for students who need an Epi-Pen, inhaler, or prescription medications while in school. Please contact the nurse for parent form(s). ***

Doctor's Name _____ Phone # _____

Dentist's Name _____ Phone # _____

PERMISSION TO PROVIDE EMERGENCY TREATMENT

I hereby grant permission to the Milford School District to administer First Aid, Epinephrine (Epi-Pen) if necessary, and secure proper emergency treatment for my child in the event a parent or legal guardian cannot be contacted.

Parent / Guardian signature

Date

PERMISSION TO CONTACT STUDENT'S DOCTOR to confirm immunization and physical exam during the school year (August to June).

Parent / Guardian signature

Date

"I have confirmed all of the above information concerning my child."

Parent / Guardian signature

Date

*****PLEASE NOTIFY THE SCHOOL AT ONCE IF INFORMATION CHANGES*****

Student Name _____

Grade _____

MILFORD SCHOOL DISTRICT
NOTICE OF RESIDENCY REQUIREMENT

I understand that in order for my son/daughter to attend school in Milford, he/she must be a legal resident of Milford in accordance with New Hampshire RSA:193:12, or be attending under a valid tuition agreement. Failure to comply with this requirement may result in the school district taking legal action to recover tuition costs for the student attendance. If you are unsure about residency requirements, please contact the SAU office at 673-2202.

I have read the above statement and attest that my son/daughter is a legal resident of Milford or is attending as a tuition student. If attending as a tuition student, the School District may seek compensation from me.

Parent/Guardian Signature

Date