

**MILFORD SCHOOL DISTRICT**  
**STUDENT REGISTRATION FORM (MMS and MHS)**

<b>STUDENT INFORMATION</b>		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			

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

<b>EMERGENCY CONTACTS</b>	
(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.)	
<b>1</b> Full Name _____	Daytime Phone _____
Relationship _____	<input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work
<b>2</b> Full Name _____	Daytime Phone _____
Relationship _____	<input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work
<b>3</b> 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 _____
<b>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.</b>

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  
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

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 # \_\_\_\_\_

I am interested in having my child screened by the dental clinic. If checked, a permission form will be sent home in October.

**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

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

### Parent's Military Status

Please check the box that applies for any Parent or Legal Guardian.

- 1. Parents' or Legal Guardians' Military Status does not apply for this student
- 2. Active Duty in Armed Forces (not including National Guard)
- 3. Full Time National Guard
- 4. Student has Parent or Legal Guardians in both 2 and 3

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

\_\_\_\_\_  
Date