

Lockwood School District #26

Student Registration

1. Student Information

Date _____ / _____ / _____	ID _____
Grade _____	Home Bus _____ DayCare Bus _____
For office use only	

Last Name _____ First Name _____ Middle _____

Male

Female Date of Birth _____ / _____ / _____ Soc Sec # _____ Home Phone _____

Language spoken at home(if other than English) _____

Identify the ethnicity and race of the individual by answering BOTH questions.

PART 1.
Is the individual Hispanic or Latino? (Choose only one)
 No, not Hispanic or Latino
 Yes, Hispanic or Latino
(A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race)

PART 2.
What is the individual's race? (Choose one or more races below)
 American Indian or Alaskan Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
 Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian sub-continent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam and Laos.)
 Black or African American (A person having origins in any of the black racial groups of Africa.)
 Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
 White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

2. Academic Information

Previous school Attended _____ Grades _____ Dates _____

Has your child repeated a grade level? Yes No Grade Level _____ Year _____

Has your student, in the past or is your child currently receiving any of the following special services?

Check those that apply:

- Resource Room
 Speech Service
 Title 1
 Gifted/Talented
 Counseling
 Section 504
 Other _____

Does he/she have a current IEP? Yes No

Services received outside of school: (please list) _____

3. Contact Information

Custodial Parent(s):

- Mother & Father (same household)
 Mother or Father (joint custody)
 Mother Only
 Father Only
 Other (guardian/grandparent etc...)
 Legal restraints governing guardianship (legal documentaion required)

Mother _____ Home Ph _____ Cell Ph _____

Physical Address _____ Mailing _____

Employer _____ Wrk Ph _____

Mother's Email Address _____

Father _____ Home Ph _____ Cell Ph _____

Physical Address _____ Mailing _____

Employer _____ Wrk Ph _____

Father's Email Address _____

Contact Information continued.....

StepFather _____ Home Ph _____ Cell Ph _____

Employer _____ WrkPh _____

StepMother _____ Home Ph _____ Cell Ph _____

Employer _____ Wrk Ph _____

Guardian Name(s) (If other than mother or father) _____

Relation to child _____ Home Ph _____ Cell Ph _____

Physical Address _____ Mailing _____

Employer _____ Wrk Ph _____

Guardian Email Address _____

4. Daycare Information

Provider Name _____ Home Ph _____

Physical Address _____ Cell Ph _____

Authorized Persons other than parents or daycare who can pick your student up:

5. Emergency Information (OTHER THAN PARENT OR GUARDIAN)

Name _____ Relationship to student _____

Home Phone _____ Cell Phone _____ Wk Ph _____

6. Permission for emergency medical treatment

I understand that a conscientious effort will be made to locate myself or other contacts on the list before any action will be taken, but if it is not possible to locate, this expense will be accepted by me. If those named are not available, I authorize care by a physician on call at the hospital.

7. Bus Information

Home Bus Drop Off _____ Number _____

Daycare Bus Drop Off _____ Number _____

Bus Route Information is available on our website @ lockwoodschool.org and in each of our offices. Bus Routes and Times can sometimes change, in the event of a time change, parents will be notified. Please list the closest address to your house for pick up / drop off locations.

7. Technology Permissions

Please review the Technology Information below and complete the following.

- I give permission to publish or display my child's work on the Lockwood School website
(No last names will be furnished)
- I give permission to publish or display my child's individual photograph on the Lockwood School web site.
(No last names will be furnished)
- I give permission for my child's photograph to be displayed within a group setting on the Lockwood School web site.
(No last names will be furnished)
- I give permission for my student to use the Internet under adult supervision.
- I wish to activate my student's *PowerSchool Account.

Parent/Guardian Signature _____ Date _____

**Remember to call the office with any changes to address, phone, work etc.
The more ways to get a hold of you regarding your child, the better!**

Lockwood School District #26 Technology Permissions

Internet and Lockwood School Web site

The Lockwood staff and administration support the Internet and electronic media as a vital tool for learning and are pleased to offer students of the Lockwood School access to the district computer network for electronic mail and the Internet. Lockwood educators have been trained to use Internet resources as tools to meet curriculum objectives and will use the Internet in teacher guided presentations.

To gain INDEPENDENT access to e-mail and the Internet, all students must obtain parental permission and must sign a permission form.

In addition to permission for internet & e-mail use on campus, parents are asked to make a series of permission choices regarding the display or publishing of your child's work or photograph on our school web site while he or she attends Lockwood School. (By policy, last names of students will not be published on the Lockwood School web site.) All permissions will remain in place as indicated on student registration form unless a new form is completed by a parent or guardian.

***PowerSchool Student Information System**

You can access your child's attendance record, grades, lunch account balance and correspond with his/her teacher via the Internet through the PowerSchool information system.

If you choose to do so, you will be assigned a confidential ID and password for the PowerSchool program that will allow access to only your student's information. This web site and all associated data is safeguarded to protect against loss, unauthorized access, destruction, misuse, modification, and improper disclosure. To have your child's account activated, please complete the permission on the student registration form. You will then receive your password and a set of instructions on how to get started.



MEDICAL INFORMATION SHEET

STUDENT NAME: _____ **DOB:** _____ **GRADE:** _____

ALLERGIES

Bee Stings: NO YES Describe reaction: _____

If yes, describe treatment: _____

Food Allergies: NO YES Name of food: _____

If yes, describe reaction: _____

Describe treatment: _____

Other Allergies and treatment needed: _____

ASTHMA

NO YES If yes, please fill out an Asthma Action Plan

ATTENTION DEFICIT DISORDER/ATTENTION DEFICIT HYPERACTIVITY DISORDER

(ADD/ADHD) NO YES

If yes, does your child take medication NO YES If yes, please list medication, time taken and dosage _____

Would you like your child to take his/her medication at school NO YES If yes, please see the nurse.

DIABETES

NO YES If yes, please see the nurse.

SEIZURES

NO YES

If yes history of seizures/not currently on medications takes medication at home

may need emergency medications at school (see nurse)

HEARING OR VISION CONCERNS: _____

OTHER MEDICAL ISSUES: _____

OTHER MEDICATIONS: HOME SCHOOL Please list _____

PHYSICAL RESTRICTIONS:

Uses mobility aid (wheelchair, walker, crutches, etc.)

Must avoid the following activities: _____

(Doctor's note may be required for Physical Education adaptations)

IN AN EMERGENCY I AUTHORIZE MEDICAL/DENTAL CARE:

HOSPITAL PREFERENCE: BILLINGS CLINIC ST VINCENT EITHER

CHILD'S DOCTOR: _____ PHONE # _____

CHILD'S DENTIST: _____ PHONE # _____

PARENT'S SIGNATURE: _____ DATE: _____

This health information may be shared with school personnel as necessary to benefit the health and safety of your student and others. Please keep this information up to date