

# Lander County Schools REGISTRATION UPDATE

Reg. _____	Forms: Internet, Health, Insurance, Bus.
Date _____	Collected by- _____
Records _____	Entry _____
Requested: _____	Code _____

The "Current Record" column shows information currently on file for Austin. Please check all information, and make any changes in the "Corrections" column. **Section G must be updated every year by a parent or other legal decision maker.**

A. Student Information	Current Record	Corrections
Student Name		
Student Cell Phone		
Student Home Phone		
Gender		
Grade and Graduation YR		
Date of Birth		
*Is the student Hispanic or Latino?		
**Ethnicity(See Note Below)		
<b>B. Address Information</b>		
Mailing Address		
Mailing City, State, Zip		
Home Address (if different)		
Home City, State, Zip		
<b>C. Parent Information</b>		
Father's Name		
Father's Home Phone/Cell Phone		
Employer/Work or Day Phone		
Father's Address (if different)		
Mother's Name		
Mother's Home Phone/Cell Phone		
Employer/Work or Day Phone		
Mother's Address (if different)		
<b>D. Living Arrangements</b>		
Single Parent Household?		
Student currently lives with?		
If student currently has a Step-Parent, Guardian, Foster Parent, Custodian, Group Home, etc, indicate the name, relationship, and phone numbers. Any custody issues?		
Name & Relationship		
Day or Work Phone and Cell Phone		
Is anyone restricted from student?		
Paperwork for restriction submitted?		
<b>E. Emergency Information</b>	<b>(Local - Other than parent)</b>	
Contact 1-Name/Relationship		
Day Phone (Hm,Wrk,or Cell?)		
Contact 2-Name/Relationship		
Day Phone (Hm,Wrk,or Cell?)		
Contact 3-Name/Relationship		
Day Phone (Hm,Wrk, or Cell?)		

\*The above part of the question is about ethnicity, not race. If "yes" is chosen above, the data for this student will be reported in the Hispanic/Latino category.

\*\*Ethnic Types: African American; American Indian; Asian; Caucasian; Hispanic; Pacific Islander; or Multi-Racial.

If student is 1/4 (25%) AMERICAN INDIAN are they enrolled in a tribe? Yes \_\_\_\_\_ No \_\_\_\_\_.

If not, was the students parent/grandparent enrolled in a tribe? Yes \_\_\_\_\_ No \_\_\_\_\_ Initials of Recorder: \_\_\_\_\_

-Continued on Next Page-



F. Other Information	Current Record	Corrections
Doctor Name/Phone	/	
First Language learned	~	
Language spoken with friends		
Language used in home		
Health Issues		
<b>Living Arrangements - Please Circle</b> -Own/Rent -Living with another family -Unemployed -Evicted -Hotel/Motel -RV Park -Institution -Foster Care	~	
Did family move here for work that is seasonal, agricultural/fishing, or temporary?(Describe)	~  ~	
<b>G. To Be Completed by the Legal Decision Maker</b>		
Do you have other children enrolled in LCSD? If so list names and grades: Yes _____ No _____		
In case of a medical emergency, and I cannot be reached, I give my child's doctor or any attending physician permission to administer medical treatment. <div style="text-align: center;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No         </div>		
Throughout the school year, students may receive public recognition for participation in school activities. This recognition could include interviews, highlights, internet pod casts, newspaper, list of honor roll, sports teams, contests etc. If you want to opt out for photographs, or other general information released to the media please check in the space provided and sign below, otherwise permission is given. ____ I DO NOT wish to share my child's name, photograph, or other information to the media. Parent Signature if OPTING OUT _____		
As soon as possible we will send daily absences, updates, etc through email, phone message and/or texts. Please print your email address here: _____ Preference: Phone____, Text____, and/or Email.		
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>_____ (Signature of Legal Decision Maker)</div> <div>_____ (Date)</div> </div>		

If there is any additional information about the health and welfare of your child please let us know.

\*Lander County School District does not knowingly discriminate on the basis of race, color, national origin, sex, age or disability in admission to its programs, services, or activities, in access to them, in treatment of individuals or in any of the programs available.