

# WILLIAMSTON COMMUNITY SCHOOLS REGISTRATION FORM

Last Name:  
First Name:

## 2019 - 2020

Please provide your most current information in the space provided.  
This form must be updated every year by a parent or other legal decision maker.

A. Student Information		Please Print Current Information	
Student's Full Name			
Preferred Name			
Student Home Phone			
Gender			
Grade			
Date of Birth			
*Ethnicity(See Note Below)			
B. Address Information		Please Print Current Information	
Mailing Address			
Mailing City, State, Zip			
Home Address (if different)			
Home City, State, Zip			
C. Parent Information		Please Print Current Information	
Father's Name			
Father's Home Phone/Cell Phone	(H)	(C)	
Work Phone			
Employer			
Father's Address (if different)			
Mother's Name			
Mother's Home Phone/Cell Phone	(H)	(C)	
Work Phone			
Employer			
Automated telephone and/or text messages pertaining to school closings and student attendance may be sent to the numbers listed on this form. To opt out of receiving these messages contact the school office or change your notification preferences in PowerSchool Parent Access at <a href="https://tinyurl.com/WCSCallPreferences">https://tinyurl.com/WCSCallPreferences</a> .			
D. Living Arrangements		Please Print Current Information	
Single Parent Household?			
If yes please indicate custody**: Legal: Mother/Father/Joint Physical: Mother/Father/Joint			
If student currently has a Step-Parent, Guardian, Foster Parent, Custodian, Group Home, etc, indicate the name, relationship, and phone numbers.			
Name & Relationship			
Day or Work Phone/Cell Phone			
Name & Relationship			
Day or Work Phone/Cell Phone			
Is this student a resident of the Williamston School District? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, please list the home school district. _____			
E. Emergency Information		<i>(Local - Other than parent)</i>	
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?)			

\*Ethnic Types: African American; American Indian; Asian, Caucasian; Hispanic; Pacific Islander

\*\*Must provide copy of court order regarding custody

Data entered by: \_\_\_\_\_ Date : \_\_\_\_\_

**CONTINUED ON OTHER SIDE**

F. Medical Information	Please Print Current Information
Doctor Name/Phone	
Dentist Name/Phone	
Allergies	
Does student use an Epi-Pen?	
Medications? (Please List)	
<b>Are there any special medical or health concerns? For Example:</b> -Asthma -Diabetes -Heart Problem (Describe) -Other (Describe)	
<p>Please list any other children in the family:</p> <p>Name: _____ Grade: _____ School: _____</p> <p>Name: _____ Grade: _____ School: _____</p> <p>Name: _____ Grade: _____ School: _____</p> <p>Name: _____ Grade: _____ School: _____</p> <p>Name: _____ Grade: _____ School: _____</p> <p>Name: _____ Grade: _____ School: _____</p>	
<b>G. To Be Completed by the Legal Decision Maker</b>	
Is this student the youngest family member enrolled in this school? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this student the youngest family member enrolled in this district? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If there is any additional information about the health and welfare of your child of which the school needs to be aware, please contact the school office directly.</b>	
Is your child receiving any Special Education Services? If yes, please describe (i.e. speech, resource classroom) _____	
Is there a 504 Plan for your child? If yes, please explain: _____	
Does your child have a behavior plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Would you like to receive district and school updates through e-mail?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>Please print your current e-mail address here:</i> _____	
Please list others who are allowed to pick up your student: _____	
_____ (Signature of Legal Decision Maker)	_____ (Date)