

Booneville Middle School Registration/Emergency Form

Legal Name: Last _____ First _____ M.I. ____ Preferred Name: _____

Social Security Number _____ Birth Date _____

Birth City _____ County _____ State _____ Country _____

Race: (Circle one) W B H AI A PI Other: _____ Gender: (Circle one) M F

Home Address _____

Street/(911) Address _____

City _____ State _____ Zip _____

Last School Attended _____

School Address _____

City _____ State _____ Zip _____

Has student attended Booneville Schools? _____ If yes, which grade & school _____

Was student enrolled in Special Education at their previous school? _____

Was student enrolled in Speech? _____ Was student enrolled in Gifted? _____

Mother's Name _____

Address _____

Employer _____ Type of work _____

Work # _____ Home # _____ Cell # _____

Email Address _____

Father's Name _____

Address _____

Employer _____ Type of work _____

Work # _____ Home # _____ Cell # _____

Email Address _____

Marital Status of Parents: Married ____ Separated ____ Divorced ____ Single ____

With whom does the child live? _____

Relationship to the child: _____

Special Instructions: _____

Emergency Information

Please list two (2) names other than parents

1. Name _____

Relationship to student _____

Home # _____ Cell # _____ Work # _____

2. Name _____

Relationship to student _____

Home # _____ Cell # _____ Work # _____

Please list any others authorized to pickup/sign out your child. _____

Note: No one other than the names on this form will be allowed to pick up your child. If there is a restriction or a custody alert, papers MUST be on file in the school office.

Medical Information

Does the student have any medical condition or physical disability of which the school should be aware? If so, please explain: _____

Does your child take any medications? Yes _____ No _____

If yes, please give name and reason _____

Please list any siblings that are currently in school:

Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

How will your student leave school each day? Car rider _____ Bus Rider _____ Bus # _____

Office Use Only:

_____ Birth Certificate _____ Immunization Compliance Form _____ Verification of Residency (2) _____ Tuition