

**Peninsula School District  
ENROLLMENT/EMERGENCY FORM**

rev. 10/09

**Office Use Only: Bus #: TEACHER: Student ID #**

**SCHOOL YEAR:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

(Please Print)

**Student's LEGAL Name** \_\_\_\_\_  
Last First Middle

**Gender:**  Male  Female **AGE:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Birth Country:** \_\_\_\_\_

**Ethnicity :** *(check one)*  Asian  African-American  Hispanic  Multiracial  Native/Alaskan-American  Pacific Islander  White

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
 Mother  Father  Both

**Physical Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
 Mother  Father  Both

**2<sup>ND</sup> Physical Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
 Mother  Father  Both

**STUDENT LIVES WITH:**  MOTHER  FATHER  BOTH  SHARED CUSTODY  GUARDIAN (your relationship is: \_\_\_\_\_)  
 SOLE CUSTODY ~ *if one parent has sole/restrictive custody, valid court papers must be at the school*

<b>Mother's Full Name</b> _____ Home Phone: _____ <input type="checkbox"/> unlisted Cell Phone: _____ <b>Email:</b> _____ Employer: _____ wk# _____ <b>Step Parent:</b> _____ cell# _____ Employer: _____ wk# _____	<b>Father's Full Name</b> _____ Home Phone: _____ <input type="checkbox"/> unlisted Cell Phone: _____ <b>Email:</b> _____ Employer: _____ wk# _____ <b>Step Parent:</b> _____ cell# _____ Employer: _____ wk# _____
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**Emergency Contacts:** *those who may pick up your child if we cannot contact you; include 2 landlines & one out of state*  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ hm#(\_\_\_\_) cell#(\_\_\_\_)  
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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ hm#(\_\_\_\_) cell#(\_\_\_\_)  
CHILDCARE PROVIDER: \_\_\_\_\_ phone# \_\_\_\_\_ alternate# \_\_\_\_\_

**Brothers & Sisters** **OK to pick-up sibling?**  
Name: \_\_\_\_\_  YES  NO Grade: \_\_\_\_\_ Name of school: \_\_\_\_\_  
Name: \_\_\_\_\_  YES  NO Grade: \_\_\_\_\_ Name of school: \_\_\_\_\_  
Name: \_\_\_\_\_  YES  NO Grade: \_\_\_\_\_ Name of school: \_\_\_\_\_

• Please understand **your child will be placed in the YMCA Child Care program if you are late** picking him/her up (after 3:40pm) or when your child is returned to school because no one met him/her at the bus stop (Elementary only).

Please list others who **MAY NOT** pick up your child. Please attach an additional page if needed:

**SCHOOL DIRECTORY INFORMATION**

Schools may disclose to outside organizations without consent "directory" information such as student name, address, phone number, place of birth, honors, awards, and dates of attendance. This includes Military recruiters who will only receive name, address & phone for JR/SR's students.

Release directory information  YES  NO

- If nothing is checked, we will assume that permission for release of directory information and photos to be taken has been granted.
- If this child is a ward of the court (foster child), permission **MUST** be obtained from his/her caseworker.

**PHOTO RELEASE INFORMATION**

Photos can include: visits by news media; staff photos for school/district publications; websites, presentations and other publications with a wide distribution.

Allow photos to be taken  YES  NO

If no, allow yearbook photos?  YES  NO

**Internet Use Opt Out** - My student is prohibited from computer and network use that allows access to the Internet (guidelines can be found in the PSD parent/student handbook on our website <http://www.peninsula.wednet.edu>). X \_\_\_\_\_ Date: \_\_\_\_\_

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the school district staff-in-charge or the YMCA personnel to obtain emergency care for my student, neither he/she, the district or the YMCA assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

I understand this information may be shared with staff who are supervising the student, and/or who need the information in order to protect the health and safety of the student and provide a safe learning environment. **I state that the information I provided on this form is true and accurate.**

**Parent/Guardian:** \_\_\_\_\_ **date** \_\_\_\_\_ **Parent/Guardian:** \_\_\_\_\_ **date** \_\_\_\_\_  
Signature 2<sup>nd</sup> signature optional