

VIBORG-HURLEY SCHOOL DISTRICT #60-6

REGISTRATION FORM 2022-2023

*Please fill in **ALL** blanks front and back so we can make sure we have correct information on file. **We need a completed form for each student.** Registration forms are kept in separate folders for easy access in case of emergencies. If you change any of the information during the school year, please notify the school so we can update our records.

STUDENT:

Student Name: _____
Grade: _____ **Birthdate:** _____ **Gender:** ☐ Male ☐ Female
911 Mailing Address: _____ **PO Box** _____
City: _____ **State:** _____ **Zip Code:** _____

SCHOOL MESSENGER PHONE NUMBERS: Please list the numbers that you would like called for school messages regarding weather closings and other emergency messages. Please indicate if you would like a phone call, text or both. Please circle appropriate option next to the phone # you list below. (May list up to 3 numbers per student)

_____ - _____ - _____ **text/call/both** _____ - _____ - _____ **text/call/both**
_____ - _____ - _____ **text/call/both**

PARENT PORTAL ACCOUNT: If you do not have a parent portal account and would like one, please check the box and list an email address below. Parent Portal will allow you to look at your student(s) current grades, behavior, attendance, **lunch balance** and missing homework via the web. If you have an account and forgot your username or password, please check the box and fill in your email address.

☐ I need a parent portal account.

☐ Please reset my parent portal password (Have one but forgot user/password)

EMAIL: _____

STUDENT RESIDES WITH: ☐ Parents ☐ Mother ☐ Father ☐ Parent/Stepparent ☐ Guardian

Mother: Name: _____
Address: _____ PO Box: _____
Place of Employment: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Email: _____
Military Affiliation: Active Duty Armed Forces or Currently Deployed: _____

☐ Please check to have students report cards, notices, etc. mailed to this address

Father: Name: _____
Address: _____ PO Box: _____
Place of Employment: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Email: _____
Military Affiliation: Active Duty Armed Forces or Currently Deployed: _____

☐ Please check to have students report cards, notices, etc. mailed to this address

Stepparent or Guardian: Name: _____
Address: _____ PO Box: _____
Place of Employment: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Email: _____
Military Affiliation: Active Duty Armed Forces or Currently Deployed: _____

☐ Please check to have students report cards, notices, etc. mailed to this address

THANK YOU FOR YOUR HELP.

VIBORG-HURLEY SCHOOL DISTRICT #60-6

FAMILY INFORMATION: (Other children living in your home)

Name: _____ Age/Grade: _____ Brother or Sister
Date of Birth _____
Name: _____ Age/Grade: _____ Brother or Sister
Date of Birth _____
Name: _____ Age/Grade: _____ Brother or Sister
Date of Birth _____
Name: _____ Age/Grade: _____ Brother or Sister
Date of Birth _____

ETHNICITY:

Race: What is the student's race?

(check all that apply)

- ☐ Hispanic/Latino
- ☐ White/Caucasian
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander

Language:

Home Primary Language: _____

Home Secondary Language: _____

IT IS IMPORTANT THAT WE HAVE SOMEONE TO CONTACT WHO WILL BE RESPONSIBLE FOR YOUR CHILD/CHILDREN IN CASE OF AN EMERGENCY, EARLY SCHOOL CLOSING, ETC...)

***Please keep these numbers current and advise the school of any changes

Authorized Student Release: In the event of illness, or other emergencies, students will be released to authorized individuals ONLY. There will be no exceptions. Please indicate the names of adults (18 years or older) other than yourself who are authorized to sign for release of your child.

1. _____ Phone () _____ Relationship to Student _____
2. _____ Phone () _____ Relationship to Student _____
3. _____ Phone () _____ Relationship to Student _____

Emergency Information:

Name of Physician: _____ Phone Number: _____

Address: _____

Medical Alerts: _____

*Does student have a hearing loss diagnosis: _____

***In the event of sudden illness or accident requiring attention, I hereby authorize Viborg-Hurley Public School to administer first aid, and if necessary, take my child to an emergency care facility, indicated by my signature below**

Parent/Guardian Signature: _____ Date: _____

THANK YOU FOR YOUR HELP.