

**2022-2023**  
**SCHOOL REGISTRATION – Prairie du Rocher School**

<u>Student's Legal Name (First, Middle, Last)</u>	<u>Grade</u>	<u>Birthdate</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child's Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Student Lives With:  Both  Father  Mother  Other \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Employed At** \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Employed At** \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Is either parent an active Military Member: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Name of two adults who will assume responsibility for the child if a parent cannot be reached**  
(please name someone **WITH TELEPHONE** and specify relationship, if any).

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Student is a:  Bus Rider  Car Rider  Walker

For Office Use Only

AM – Route \_\_\_\_\_ PM – Route \_\_\_\_\_

(PLEASE COMPLETE THE REVERSE SIDE)

Special health conditions of child, if any \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please refer to the student handbook for policies concerning medication, inhaler, epi-pens, etc.

If your child requires medication to be administered during school hours please complete the “School Medication Authorization Form” and return it to school with the first supply of medication.

If your child carries asthma medication or an epi-pen please complete the back of the “School Medication Authorization Form” and return it to the school office.

Physician of Choice \_\_\_\_\_ Phone \_\_\_\_\_

Dentist of Choice \_\_\_\_\_ Phone \_\_\_\_\_

If you and the physician specified above cannot be reached in an emergency, and in the judgment of school authorities immediate medical and/or hospital attention is indicated, do you authorize responsible school authorities to send your child (properly accompanied) to an available hospital or physician? \_\_\_\_\_ Yes \_\_\_\_\_ No

Typically 4 times a year, on a Friday after school hours or on a school break (i.e. winter/summer), the Prairie du Rocher School District has a pesticide application. Upon request, the public school district is required to supply information about individual pesticide applications at least 72 hours before application.

I would like to be notified before each pesticide application at the school. \_\_\_\_\_ Yes \_\_\_\_\_ No

I give permission for my child to attend School Field Trips.  
Information will be provided by Classroom Teachers. \_\_\_\_\_ Yes \_\_\_\_\_ No

I give permission: To take and submit names and pictures of student/s to the local newspaper or social media. To post pictures on school website (without names) or school publication, including the year book, which may contain names. \_\_\_\_\_ Yes \_\_\_\_\_ No

Should your child be wearing glasses while at school? If YES, please fill in their name & check one.

\_\_\_\_\_ Only in the classroom? \_\_\_\_\_ All the time? \_\_\_\_\_  
Child’s Name

**Our quickest and easiest way to get information to you is through our “all call” email, text, and phone system. The information you provide above will be used to communicate, so please provide all contact information. To receive text messages, you must approve this feature in your TeacherEase account.**

**Please verify all information by signing below.**

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_