

PATHFINDER ELEMENTARY SCHOOL
ENROLLMENT AND EMERGENCY INFORMATION

FOR OFFICE USE ONLY

Teacher _____
Entry Date _____ Birth Cert _____

Student Name _____ Birthdate _____ Grade _____
As seen on birth certificate (Last) (First) (Middle)
Gender _____ Birthplace (City and State) _____ Ethnic Group _____

Home Address _____ City/Zip Code _____ County _____
Township _____ Email Address _____ Primary Language _____

Is either parent active in the military? _____ Has student ever been suspended or expelled from another school? _____

Has student received Special Education Services: (check all that apply) Title 1 _____ Speech _____ Special Education _____

STUDENT RESIDES WITH: { } Both Parents { } Mother { } Father { } Guardian/Ward of the Court { } Other { } Step-Parent

Primary Guardian _____ Relationship to child _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Spouse/Significant Other _____ Relationship to child _____

Cell Phone _____ Work Phone _____ Employer _____

If divorced, is there joint custody? _____ If no, explain restrictions regarding visitation if any, and provide documentation.

If there is joint custody and student lives in another household part time, please complete this next section:

Guardian _____ Relationship to child _____

Cell Phone _____ Employer _____ Work Phone _____

Spouse/Significant Other _____ Relationship to child _____

Cell Phone _____ Work Phone _____ Employer _____

If there are any siblings or step-siblings, please indicate their name, grade and school currently attending:

Name Current School Grade Name Current School Grade

MEDICAL INFORMATION:

Does your child take any medication regularly? _____ If yes, what medication? _____

Reason for medication _____ Any allergies: _____

Medication for allergies: _____ Reacts to bee stings: _____ Has Asthma: _____

Explain anything additional we should know about your child (i.e. special programs, behavior or physical concerns, medical concerns)

(Please use the back if additional space is required.)

IN CASE OF ILLNESS/INJURY: In case of illness or injury, **list two and please do NOT include yourself or spouse.**

Name _____ Name _____

Phone _____ Phone _____

Relationship to Child _____ Relationship to Child _____

NOTE: It is your responsibility to notify the school of any changes to the information contained in this form.

MORE ON BACK 

**Pathfinder Elementary School
FIELD TRIP ACKNOWLEDGEMENT/RELEASE FORM**

The child described above has my permission to participate in and attend any school sponsored field trip for the school year _____. I understand that when there is a school sponsored trip, my child will be accompanied by, and will be under the direct supervision of school personnel. I agree that the school and/or school personnel are not to be held liable for damages caused by my child or any accident or injury sustained by said child. I also understand that I may or may not be notified prior to a field trip taking place. I certify that I am the parent/legal guardian and have legal custody of the above student and that all the information on this form is correct. If emergency medical procedures or treatments are required during the trip, I authorize and consent to the school personnel in charge taking, obtaining, or consenting to the procedures or treatment in his/her discretion and treatment of the student by physicians, medical personnel, and hospitals.

MEDIA RELEASE

If your child is photographed as part of a school related activity, we would like your permission to use the photo in material the school district develops for your school and community communications. (Example: School Matters, Yearbook, Pathfinder, publications, newspaper, etc.)

____ Yes, I give permission to use my child's photo. ____ No, I do not give permission to use my child's photo in school related publications.

PARENT OR GUARDIAN SIGNATURE _____ **DATE** _____