# FREMONT MIDDLE SCHOOL
## Enrollment / Emergency Information / Field Trip Permission / Media Release Form

**Student Full Legal Name:** _____ **Grade:** _____ **Date of Birth:**_____

**Address** _____ **City** _____ **Zip** _____

**County:** _____ **Township**: _____ **Email Address:**_____

**Male** [ ] **Female** [ ] **Race:** _____ **What school district do you live in:** _____ **Primary Language:** _____

**Birthplace (City and State):** _____ **Previous School Name/City/State:**_____

**Student lives with:** **[ ] Both Parents** **[ ] Mother** **[ ] Father** **[ ] Guardian/Ward of the Court** **[ ] Other** **[ ] Step Parent**

| **Family Data (circle ones that apply)** | **Mother/Guardian/Step/Legal** | **Father/Guardian/Step/Legal** |
|---|---|---|
| *Name* | _____ | _____ |
| *Place of Employment* | _____ | _____ |
| *Home Phone* | _____ | _____ |
| *Cell Phone* | _____ | _____ |
| *Work Phone* | _____ | _____ |

**If there are any siblings or step/siblings please indicate their name, school they attend and current grade: If more add on back of form.**

| | | |
|---|---|---|
| Siblings Name | School Currently Attending | Grade |
| Siblings Name | School Currently Attending | Grade |

***EMERGENCY CONTACTS: List two and please do NOT include yourself or spouse*.**

_____ _____

**Name/Relationship and Phone Number** **Name/Relationship and Phone Number**

Will any medication need to be given at school? **YES __ NO__** **Special Education Services: Is there an active IEP: Yes __ No __**

Does your child have any health problems/allergies: _____

If any prescription medication needs to be administered at school (including inhaler's and epi pen's) a permission slip from the school office MUST be signed by a parent AND doctor PRIOR to medication being administered.

***Over the counter medication to be administered at school a parent MUST complete the form in the office PRIOR to medication being administered. Students are NOT ALLOWED to carry ANY medication on them OR kept in their locker.***

**Is this applicant currently under expulsion or suspension from another school? Yes_____ No _____**

The child described above has my permission to participate in and attend any school sponsored filed 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 the school is unable to reach me, I hereby authorize the school to call the physician designated below and to follow his/her instructions. If it is impossible to contact this physician, the school many make whatever arrangements deem necessary. DR:_____

If your child is photographed as part of a school related activity, we would like your permission to use the photo in materiel the school district develops for your school and community communications. (Example: School Matters, Yearbook, middle school 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/Legal Guardian Signature** **Relationship to Child** **Date**