

NORTH KOSSUTH REGISTRATION FORM

School Year: _____

Student Name _____ Sex _____
Last Name First Name Middle Name

Grade: _____ Birthdate _____ Did your son/daughter attend preschool? Yes No

Birthplace _____ Ethnicity _____

Last School Attended _____ Siblings-Name, age, gr _____
Insert Number

Type _____	Relation _____	
Name _____		
Address _____	County _____	
City, State Zip _____		
Home Phone _____	HmPh Descr _____	
Work Phone1 _____	WkPh1 Descr _____	
Work Phone2 _____	WkPh2 Descr _____	
Cell Phone1 _____	CPh1 Descr _____	
Cell Phone2 _____	CPh2 Descr _____	
Email _____	Mailings _____	
Password _____	Reports _____	

- 1 - Am. Indian
 - 2 - Asian or Pacific Isl.
 - 3 - Hispanic
 - 4 - Black (non-Hispanic)
 - 5 - White (caucasian)

Health History

Health Conditions _____

Current Medications and dosage _____

Allergies _____

Doctor's Name _____ Dentist's Name _____

Preferred Hospital: _____ Does your child have ADD, ADHD? Yes No

Does your child wear contacts? Yes No

Emergency Contacts Please give us names (at least 2), relationship, address and phone numbers in the event that you cannot be contacted.

The information above is correct or has been corrected. _____
Signature Date