

Lennox School District 41-4 Registration Form

Family Information

Street / 911 Address	PO Box	City	State	Zip	County
Phone Number		Email Address			

Name of Mother/Legal Guardian

Last Name	First Name	Middle Initial	
Employer	Work #	Cellphone #	Email

Name of Father/Legal Guardian

Last Name	First Name	Middle Initial	
Employer	Work #	Cellphone #	Email

DAYCARE Provider

Name	Address	Phone #
------	---------	---------

Are there any restrictions as to who cannot pick up your child(ren)?

Yes No

1.

Student Information

Please list all students attending K-12 in the Lennox School District 41-4

Last Name	First Name	MI	Date of Birth	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Social Security Number		Place of Birth		Hispanic/Latino of any race <input type="checkbox"/> Yes <input type="checkbox"/> No		
Grade Level	Teacher Name	Attendance Center				
Child Lives With Name AND relationship to child (mother, father, both parents, legal guardian, step-parent, etc.)				<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more races		

2.

Please list all students attending K-12 in the Lennox School District 41-4

Last Name	First Name	MI	Date of Birth	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Social Security Number		Place of Birth		Hispanic/Latino of any race <input type="checkbox"/> Yes <input type="checkbox"/> No		
Grade Level	Teacher Name	Attendance Center				
Child Lives With Name AND relationship to child (mother, father, both parents, legal guardian, step-parent, etc.)				<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more races		

3.

Student Information

Please list all students attending K-12 in the Lennox School District 41-4

Last Name	First Name	MI	Date of Birth	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Social Security Number			Place of Birth	Hispanic/Latino of any race <input type="checkbox"/> Yes <input type="checkbox"/> No		
Grade Level	Teacher Name	Attendance Center				
Child Lives With Name AND relationship to child (mother, father, both parents, legal guardian, step-parent, etc.)				<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more races		

4.

Please list all students attending K-12 in the Lennox School District 41-4

Last Name	First Name	MI	Date of Birth	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Social Security Number			Place of Birth	Hispanic/Latino of any race <input type="checkbox"/> Yes <input type="checkbox"/> No		
Grade Level	Teacher Name	Attendance Center				
Child Lives With Name AND relationship to child (mother, father, both parents, legal guardian, step-parent, etc.)				<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more races		

Please request additional forms for additional students in household.

In case of an emergency - if parent(s) is (are) not available, who should be contacted?

Name	Phone #	Cell #
------	---------	--------

Emergency Medical Consent

In the event that my child(ren) may require medical and/or surgical care while I am out of town or unable to be reached, I hereby give my consent to medical and/or surgical treatment to _____ hospital and Doctor _____ Phone _____ Address _____ or his/her designee to provide this care. I agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent. (Every effort will be made to notify parents/guardians immediately in case of emergency.)

Emergency Housing

Dear Parents,
 Since sudden severe snow storms may prevent busing the rural children home from school, arrangements should be made for housing in the communities where the children attend school. Families should indicate on the form a friend or relative where their children can stay. An emergency housing file will be maintained in the office of each attendance center. Students staying in town will call their parents whenever possible. Students driving will call their parents whenever possible. Students driving will also call their parents before attempting to drive home. Parents are asked to stay tuned to the local radio and television stations regarding any announcements about early dismissal, buses delayed, or buses not being sent out because of road/weather conditions. Please be assured that every effort will be made for all of the children to be safely delivered to their homes. The emergency housing files will only be used in case of an emergency.

Person providing emergency housing in case of bad weather:

Name	Address	Phone #
------	---------	---------