

AKRON WESTFIELD CSD REGISTRATION FORM

2017-2018

Student's Legal Name Date of Birth Gender

Grade Social Security #

Students Email Birthplace

Resident of Akron-Westfield District in Iowa **Child is (circle any that apply):**

Open Enrolled in from another district: IOWA or SOUTH DAKOTA

PRIMARY PARENT CONTACT INFORMATION

| Type _____ | Relation _____ | Type _____ | Relation _____ |
|-----------------------|----------------|-----------------------|----------------|
| Name _____ | | Name _____ | |
| Address _____ | | Address _____ | |
| City, State Zip _____ | | City, State Zip _____ | |
| Home Phone _____ | | Home Phone _____ | |
| Work Phone1 _____ | | Work Phone1 _____ | |
| Work Phone2 _____ | | Work Phone2 _____ | |
| Cell Phone1 _____ | | Cell Phone1 _____ | |
| Cell Phone2 _____ | | Cell Phone2 _____ | |
| Email _____ | | Email _____ | |
| Online Password _____ | | Online Password _____ | |

CHILD/CHILDREN LIVE WITH: BOTH PARENTS/GUARDIAN/MOTHER/FATHER/STEP-PARENT/FOSTER CARE (circle all that apply)

Emergency Contacts Relationship Home # Cell# Work#

Other siblings living in household: include name and date of birth

NOTIFICATIONS

It is the policy of the Akron-Westfield School District to provide for emergency health care for students when necessary during their attendance at school and school activities or events and to release necessary information requested in connection with the provision of such care. In case of an emergency, Akron Mercy Medical or emergency services will be called and their instruction followed. Responsibility for payment of ambulance, physician and/or hospital is that of the parent/guardian.

It is the policy of Akron-Westfield School District to permit media photograph or film group shots of students in the hallways and/or classrooms.

It is the responsibility of the parent/guardian to submit legal documents regarding custody/restraining orders, etc. to the school.

AUTHORIZATION

1. Consent is hereby granted to Akron-Westfield School District (49-5) for use of photographs, slides, and television participation involving my child individually. These may appear in various publications, presentations, and/or showing on television of such programs as are participated in by my child.
2. I understand that trips and excursions will be taken to farms, businesses, houses, public institutions, places of amusement, and other places in town and out of town from time to time during the school year for educational purposes, and that my child may go or remain in school. Unless I advise the school in writing in the case of a particular trip, it is my desire that my child shall take such excursions and trips. The teacher shall exercise due care and caution in providing for safety of his/her pupils while on such excursions. It is understood that I hereby release the school employee from liability for any injury my child may sustain on such trips or excursions and agree to hold school blameless, beyond exercise of due care and caution, in the event of such injury
3. I understand the information in this document will be shared with the personnel that provide educational services to my child.

I GIVE PERMISSION FOR ALL OF THE FOREGOING AUTHORIZATIONS.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____