

COLUMBUS PUBLIC SCHOOLS

Student information: please complete the following information as it appears on the student's birth certificate:

Student Last (Legal): _____ First: _____ Middle: _____
Student Nickname: _____ Birth date: _____ Gender (circle one): Male/Female
Household Primary Phone Number: _____
Student Grade: _____

Ethnicity: Hispanic/Latino <input type="checkbox"/> yes <input type="checkbox"/> no	Primary Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	Programs: <input type="checkbox"/> 504 <input type="checkbox"/> IEP (Special Education)	Primary Language (what is the primary language spoken in the home?) _____
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Parent/Guardian Information: (Legal Parent/Guardian Only)

First Parent/Guardian Name: _____ **Relationship to student:** _____
Okay to pick up (circle one) yes/no **Legal Guardian** (circle one) yes/no **Lives With** (circle one) yes/no **Receives Mailings** (circle one) yes/no

Physical Address: _____ P.O. Box or Mailing Address: _____
City: _____ State: _____ Zip: _____
Residence Phone: _____ Cell Phone: _____ Email: _____
Work Phone: _____ Employer: _____

Second Parent/Guardian Name: _____ **Relationship to student:** _____
Okay to pick up (circle one) yes/no **Legal Guardian** (circle one) yes/no **Lives With** (circle one) yes/no **Receives Mailings** (circle one) yes/no

Physical Address: _____ P.O. Box or Mailing Address: _____
City: _____ State: _____ Zip: _____
Residence Phone: _____ Cell Phone: _____ Email: _____
Work Phone: _____ Employer: _____

Is your parent/guardian employed by Stillwater Mining Company? (circle one) yes/no If yes, who? _____
Columbus Schools receives impact dollars for employee's children

Bus Route: Please check which bus route you live on:
__ Upper/Lower Flat __ Keyser Creek/Rapeje Rd __ Shane Creek __ Molt/East __ Whitebird __ Countryman Creek __ N/A

Student Military Connected Student Information: (please check one)
'Military Connected' student means a student enrolled in a school district who is a dependent of an active duty member of: (please check one)

- The United States Military (Army, Navy, Air Force, Marines, or Coast Guard)**
- Active Duty National Guard**
- Active Duty Reserve Force of the US Military**
- Transitioning out of Active Duty to National Guard or Reserve**

Emergency Contact Information:

Emergency Contact Name: _____	Relationship to student: _____
Phone Number (home, cell, work): _____	Okay to pick up (circle one) yes/no
Emergency Contact Name: _____	Relationship to student: _____
Phone Number (home, cell, work): _____	Okay to pick up (circle one) yes/no
Emergency Contact Name: _____	Relationship to student: _____
Phone Number (home, cell, work): _____	Okay to pick up (circle one) yes/no

Parent/Guardian Signature: _____

CONTINUES ON BACK

Brothers and Sisters of this Student:

Gender

Birthdates

Does any of the following criteria pertain to you at the time of enrollment?:

- are temporarily sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason;
- are living in motels, hotels, or camping grounds due to the lack of alternative adequate accommodations;
- are living in emergency shelters;
- are abandoned in hospitals;
- have a nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
- are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings;
- are runaway children or children who are abandoned; Migratory children and unaccompanied youth (youth not in the physical custody of a parent or guardian) will be considered homeless if they meet the above definition.

YES _____ NO _____

MEDICAL INFORMATION

Does your child wear:

Glasses? _____ YES _____ NO

Hearing Aides? _____ YES _____ NO

Other? (Please explain) _____

My child _____ **is not** on a continuing medication regimen.

My child _____ **is on** a continuing medication regimen.

Medical Condition: _____

Medication: _____

Dosage: _____

Physician's Name: _____

**** All medication supplies to be administered at school must be left at the office.****

EMERGENCY MEDICAL RELEASE

It is understood that a conscientious effort will be made to locate my spouse or myself before any action will be taken, but if it is not possible to locate us, this expense will be accepted by us. If the above-named are not available, I authorize care by a physician on call at the hospital.

YES

NO

Parent Signature: _____ Date: _____