

# LUCK K-6 SCHOOL ENROLLMENT/EMERGENCY FORM

Please fill this form out COMPLETELY.



Student Name \_\_\_\_\_ Primary Number \_\_\_\_\_ Grade \_\_\_\_\_  
(Last) (First) (MI)

1<sup>st</sup> number to call in case of illness ( ) e-mail address \_\_\_\_\_

Physical Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
(If different than above)

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth place \_\_\_\_\_ MALE / FEMALE  
(City) (County) (State)

Race: (check all that applies) Hispanic/Latino Ethnicity  
Black/African American Hispanic Asian American Indian or Alaskan Native White

Usual method of transportation Bus Walk Drives Other \_\_\_\_\_ Distance from School \_\_\_\_\_ miles\*\*\*

Daycare Provider: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of illness/emergency who should be notified if parent can not be reached? Please list two contact names and phone.

1. \_\_\_\_\_ 2. \_\_\_\_\_

Does student have any unusual health conditions? YES NO If yes, explain and give emergency treatments prescribed:

Hospital Preference: \_\_\_\_\_ Doctor to be notified \_\_\_\_\_  
If emergency treatment is required, and the parents cannot be reached immediately, may the school authorities use their own judgment in calling the doctor indicated, or if not available, an alternate doctor? YES NO

If no, indicate plan to follow \_\_\_\_\_

## STUDENT'S HOUSEHOLD DATA

Father \_\_\_\_\_ Mother \_\_\_\_\_  
Stepfather \_\_\_\_\_ Stepmother \_\_\_\_\_  
Male Guardian \_\_\_\_\_ Female Guardian \_\_\_\_\_  
Cell # \_\_\_\_\_ Cell # \_\_\_\_\_

Employer \_\_\_\_\_ Phone # \_\_\_\_\_ Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Student lives with: Both Parents Father Mother Guardian Foster Care Other \_\_\_\_\_

Parent/guardian marital status: Married Single Divorced\* Separated\* \*Is there a court order regarding custody or physical placement? YES NO If yes, a copy of the court order must be on file in the school office. Contact the school regarding any restrictions on who may pick up or have contact with your child.

If custodial parent cannot be reached for any reason can non-custodial be called? YES NO

Does non-custodial parent desire copies of report cards? YES NO If YES please provide name and address.

Please list below the names and ages of all other children in your household.

Name	Age	Grade in school
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Please fill out other side...▶▶▶

**I hereby give permission for my child to accompany the class on any scheduled excursions/field trips during the school year at Luck Elementary School, for which I will be given advance notice.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**I authorize Luck School District to use/release photographs/videotapes for any of the following: school newspapers/newsletters, district calendar, school yearbooks, local cable television, and/or local newspapers.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**In the event of any early dismissal from school, my child should do the following: (PLEASE PLAN for this and INFORM the school of any changes in this plan!)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LUCK 4K**  
**2015-16**  
**ENROLLMENT/EMERGENCY FORM**  
**Polk County Early Learning Center (715) 485-3413**

Student Name \_\_\_\_\_ Primary Phone # \_\_\_\_\_  
(Last) (First) (Middle) Cell Phone # \_\_\_\_\_

Physical Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Mailing Address (If different from above) \_\_\_\_\_ City/Zip \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_ Birthplace \_\_\_\_\_  
(Mo/ Day/ Year) (City) (County)  
(State)

Race (optional) Black \_\_\_\_ Hispanic \_\_\_\_ Asian \_\_\_\_ Native American \_\_\_\_ White \_\_\_\_

Usual method of transportation to school: (Please circle one) Bus Parents

Daycare Provider: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**In case of illness/emergency who should be notified if parent can not be reached? Please list two contacts with name and phone.**

\_\_\_\_\_

**STUDENT HOUSEHOLD DATA**

**Name** \_\_\_\_\_ **Name** \_\_\_\_\_  
Father Stepfather Male Guardian Other (circle one) Mother Stepmother Female Guardian  
Other

Primary/Cell Phone \_\_\_\_\_ Primary/Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work phone # \_\_\_\_\_ Work phone # \_\_\_\_\_

**Student lives with: (Please circle)** Both Parents Father Mother Guardian Other \_\_\_\_\_

**Parent/guardian marital status:** Married \_\_\_\_ Single \_\_\_\_ Divorced\* \_\_\_\_ Separated\* \_\_\_\_ *\*Is there a court order regarding custody or physical placement? Yes \_\_\_\_ No \_\_\_\_ If yes, a copy of the court order must be on file in the school office. Contact the school regarding any restrictions about who may pick up your child.*

Please list below the names and ages of all other children in your household.

Name Date of Birth grade in school (if applicable)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please fill out other side if applicable...▶▶▶**