

GATEWAY PREPARATORY SCHOOL
STUDENT REGISTRATION AND EMERGENCY INFORMATION
2010-2011 School Year

Student's Birth Certificate and Immunization records required for admission into school

Student Information

Grade _____

Student Name (Legal) _____ Preferred Name _____
Last First Middle

Physical Address _____ State _____ Zip _____

- Please list physical addresses with House numbers fist, then Street Name or number following
- Please no Post Office Boxes in Physical Address. List Post Office Boxes under mailing address.
- Please use the street name or number that appears on the street sign.

Mailing Address _____ State _____ Zip _____

Home Phone # _____ Birth Date _____ Gender _____

Ethnicity: Are you Hispanic/Latino? Yes No

Race: Please also select one or more of the following races for yourself:
 Asian American Indian** Black Native Hawaiian White
 Alaska Native African American Other Pacific Islander

Does your child have special needs? Yes No (If yes) Which are they currently served by IEP 504 Plan

ELL (English Language Learner) Information

Language spoken/understood by student _____ Parent Preferred Language _____

Student's fist language _____ Language Spoken in the Home _____

First enrolled in US _____ (This is the date this child was first enrolled in school in the US) (MM/DD/YYYY)

Parent/Guardian Information

*Parent/Guardian email _____

Father _____ Employer _____ Day Phone _____

Mother _____ Employer _____ Day Phone _____

Father Cell # _____ Mother Cell # _____

Guardian Relationship (if guardian is different than parent) _____ Day Phone _____

Student Lives with Both Parents Mother Father Grandparents Other (Specify) _____

Medical/Contact Information

List any medical problems or special needs: _____

Does your child have a history of the following: Asthma Seizures Diabetes Other _____

Severe Allergic reactions (Explain) _____

List any known allergies: _____

List medications taken regularly: _____

Medication required at school? _____ Which ? _____

Medical Alert _____

In the case we cannot contact you, do we have permission to contact a physician if an emergency arises and to administer first aid when necessary Yes No **Signature** _____

Student's Doctor _____ Phone # _____

Does your child have health insurance? _____ Type: Private Medicaid Chip Other

In the event that the parent cannot be contacted in an emergency situation, I authorize my child to be released to one of the adults below

	<u>Name</u>	<u>Phone</u>	<u>Relationship</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____