

THE SCHOOL BOARD OF HERNANDO COUNTY
STUDENT REGISTRATION AND
EMERGENCY CONTACT INFO

FOR OFFICE USE ONLY:
TEACHER _____
ENTRY DATE _____
STUDENT ID # _____

PLEASE PRINT CLEARLY

Date _____ Grade _____ School _____

Student Legal Name: LAST _____ FIRST _____ MIDDLE _____

Nickname _____ Date of Birth MM/DD/YYYY _____ Male Female

Birth City _____ Birth State _____ Birth Country _____

Active Military Family Student: Yes or No _____ Student Social Security Number _____ - _____ - _____
(Optional)

R Hispanic/Latino Ethnicity? _____ Federal Race _____

Permission to distribute student demographic information including photo, interviews, website, video.

Public – Yes or No _____ Local (within the district/school) – Yes or No _____

Prior School _____ Prior School State _____ Prior School Country _____

Are you enrolling in our district due to either of these natural disasters? Earthquake Hurricane Neither

Has your child ever been retained? _____ If YES, which grade(s) _____

Has your child ever been enrolled in Special Education, Section 504 or remedial education program? Yes or No _____

Has your child ever been referred or received school-based mental health services? Yes or No _____

Has your child ever been enrolled in Hernando County Schools? Yes or No _____ If YES, Name of last school _____

Student Transportation (Walks, Pickup, Bus) _____ If Bus, Rt. Number _____

Indicate if you or your spouse is currently employed with Law Enforcement, Courts, DCF, Child Support Enforcement, or Fire
Fighter. _____

Please list all school age siblings residing in the home who are enrolled in Hernando County Schools.

Sibling Name	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

FAMILY & EMERGENCY CONTACT INFORMATION

Student Name _____

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Residence Address _____ City _____ Zip _____

Phone _____ Mailing Address **if different from above** _____

Parent/Guardian Name 1. _____ Relation to student _____

Work Phone _____ Cell Phone _____

Email Address _____

Parent/Guardian Name 2. _____ Relation to student _____

Work Phone _____ Cell Phone _____

Email Address _____

Student lives with: _____

If student does not live with parents, name/relationship of guardian _____

The enrolling parent/guardian **must provide** a certified court order indicating sole custody, or a restraining order, if they do not wish the other parent/guardian to have access to their child.

For office use only: Order on file? _____ Staff member verifying receipt _____

Emergency Contacts: It is **mandatory** that the emergency number/contact be provided. To serve your child in case of accident or sudden illness, it is necessary that you list those individuals **other than** the parent(s)/guardian(s) who are authorized to pick up your child through the clinic/office. (Example: Stepparent, Neighbor, Other Relative, Etc.)

1.	_____	_____	_____
	Name	Relation to student	Phone Number
2.	_____	_____	_____
	Name	Relation to student	Phone Number
3.	_____	_____	_____
	Name	Relation to student	Phone Number
4.	_____	_____	_____

HEALTH INFORMATION

Student Name _____

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MEDICAL INFORMATION:

Does your child have any of the following health conditions? (Check all that apply)

<input type="checkbox"/> Asthma (medication needed at school)	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Seizures/Epilepsy
<input type="checkbox"/> Asthma (no medication needed at school)	<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Wears Contacts/Glasses
<input type="checkbox"/> Allergy (Epi-pen required)	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Diabetes (Type 1)
<input type="checkbox"/> Allergy (No Epi-pen required)	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Diabetes (Type 2)
<input type="checkbox"/> Attention Deficit Disorder	<input type="checkbox"/> Cancer	<input type="checkbox"/> Sickle Cell Disease
<input type="checkbox"/> Other _____		

You must contact the school health professional if the student has a health condition or requires care at school.

Does your child require regular or emergency medication at school? _____

If YES, a completed and signed Medication Authorization form must be submitted to the school if medication is required.

Doctor's Name _____

Dr. Phone _____

Dentist's Name _____

Dr. Phone _____

Notice of Fraudulent Documentation: Fraudulent documentation as defined is any information provided by the parent or other entity that falsely represents the parent's place of residence for school of enrollment. Whoever knowingly makes a false statement in writing with intent to mislead a public servant in the performance of his or her official duties, shall be guilty of a misdemeanor of the second degree, punishable by law (F. S. 837.06) or guilty of perjury by false written declaration, a felony of the third degree (F.S. 92.525).

I understand the above notice and have not provided any false information to a public servant.

Printed Name of Parent/Guardian

Signature

Relationship

Date