

DISCOVERY PUBLIC SCHOOL OF FARIBAULT DIST 4081
STUDENT REGISTRATION SUPPLEMENT
(TO BE COMPLETED ONCE STUDENT IS ENROLLED)

ADDITIONAL SCHOOL I.D.	Student's Full Name _____ Date of Birth: _____
	Birth City: _____ Birth State: _____ Country of Birth: _____
	Citizenship of Student: <input type="radio"/> U.S.A. <input type="radio"/> Other (Please Specify) _____ Birth Certificate Rec'd: <input type="radio"/> Yes <input type="radio"/> No
	Are you a migrant family? <input type="radio"/> Yes <input type="radio"/> No Sex: <input type="radio"/> Male <input type="radio"/> Female Is the student currently on an IEP? <input type="radio"/> Yes <input type="radio"/> No
	Military Connected Youth? <input type="checkbox"/> <i>(Having an immediate family member, including a parent or sibling, who is currently in the armed forces, either as a reservist or on active duty or has recently retired from the armed forces)</i>
	Social Security Number: _____ <small>In accordance with the Federal Privacy Act of 1974 and the State of Minnesota Privacy Law (M.S. Section 13.43), you do not have to provide the social security number.</small>
	Enrolled previously in an ESL Program? <input type="radio"/> Yes <input type="radio"/> No
	How will your child be transported to and from school? _____

MEDICAL INFORMATION	HEALTH CONCERNS: _____
	ALLERGIES: _____
	MEDICATIONS: Please attach Medical Authorization Form.
	<i>In case of an accident or serious illness, I request the school to contact me. If unable to contact me, I hereby authorize the school to contact the physician listed and follow his directive. If unable to contact the physician, the school may make whatever arrangements that seem necessary.</i>
	DOCTOR: _____ HOSPITAL: _____ PHONE: _____ <small>**It is the parent's responsibility to notify the school if the family changes doctor or hospital.</small>
	TYLENOL / ADVIL: The administration of acetaminophen (Tylenol) and ibuprofen (Advil) to students is permitted as long as parent/guardian authorization is received. School personnel have permission to administer acetaminophen (Tylenol) product or ibuprofen (Advil) product to my child. No more than 5 doses per month without physician's order. Yes <input type="radio"/> No <input type="radio"/>
	Signature of Parent/Guardian _____ Relationship to Student _____ Date _____ Daytime Phone Number _____
	<small><i>This section is required to be complete and on file in the school office should any medication require administration within school hours. Without this form on file, administration of medication cannot be given.</i></small>

EMERGENCY	If parent/guardian is unavailable, the following person(s) are authorized to care for and transport child in case of illness or emergency:		
	1. _____	_____	_____
	Name	Relationship to Student	Phone
	2. _____	_____	_____
Name	Relationship to Student	Phone	
3. _____	_____	_____	
Name	Relationship to Student	Phone	