

ACCESS INFORMATION: If there is information regarding the rights of a non-custodial adult of this child, please note that information here:

SPOKEN LANGUAGE AND ETHNIC BACKGROUND INFORMATION: Indiana Education Code requires us to determine the race and language spoken at home of each student. This information is for statistical purpose and is in no way used to determine groupings or educational programming.

Please check the following that most accurately describes the student's spoken language. If "Other" please list the language.

What language was first learned by the student?
 English _____ Other _____

What language is most often spoken in your home?
 English _____ Other _____

What language is most often spoken by the student?
 English _____ Other _____

What language is most often spoken by the student's Parents/guardians?
 English _____ Other _____

If the student speaks a language other than English, check the following:
 English Proficient _____ English Limited _____ Other Language Proficient _____ Other Language Limited _____

Please check one of the following that most accurately describes the student's racial or ethnic background.

American Indian/Alaskan Native _____ African-American _____ Asian _____ Caucasian (white) _____ Hispanic _____ Multiracial _____ Other _____

BROTHERS AND/OR SISTERS IN THIS CORPORATION: (Please list all brothers/sisters and the GC school they will attend this year):

1. _____ 2. _____ 3. _____
 Name School Name School Name School

4. _____ 5. _____ 6. _____
 Name School Name School Name School

Has the student previously attended a Greenfield-Central School? _____ No _____ Yes (Complete below)

(school attended) _____ (date of last attendance) _____ (last grade attended)

COMPLETE THIS SECTION ONLY IF A NEW STUDENT: If the student did not attend a G-C school last year, please list in the space below the school last attended.

School Name _____ Address _____ City _____ State _____ Zip _____

School Phone # _____ School Corporation Name _____ Last grade attended _____

SECTION BELOW FOR SCHOOL USE ONLY:

K	1	2	3	4	5	6	7	8	9	10	11	12

Please check and date each year record is reviewed and updated.

School _____

REGISTRATION AND MEDICAL EMERGENCY FORM

Greenfield-Central Community School Corporation

Grade _____

Student name _____ Last _____ First _____ Middle _____ (_____) Date of Birth _____ - _____ - _____ Male _____ Female _____

Address _____ Number & Street _____ Apt. # _____ City & State _____ Zip Code _____ Home Phone: _____ - _____ - _____

Child lives with: Father _____ Mother _____ Stepparent _____ Grandparent _____ Other(List) _____ Date Enrolled _____ - _____ - _____

Father's Name: _____ Mother's Name: _____ Birth Cert. Checked By (initials) _____ Date _____

CONTACT INFORMATION LIST IN ORDER, THOSE PERSONS TO BE CALLED IN CASE OF AN EMERGENCY, SUCH AS MOTHER, FATHER, RELATIVES, CAREGIVER, FRIENDS, NEIGHBORS:

1st Person to Call - Full Name _____ Relationship to Child _____ Daytime Phone # _____ Cell Phone # _____ Pager #/Email Address _____

2nd Person to Call - Full Name _____ Relationship to Child _____ Daytime Phone # _____ Cell Phone # _____ Pager #/Email Address _____

3rd Person to Call - Full Name _____ Relationship to Child _____ Daytime Phone # _____ Cell Phone # _____ Pager #/Email Address _____

4th Person to Call - Full Name _____ Relationship to Child _____ Daytime Phone # _____ Cell Phone # _____ Pager #/Email Address _____

MEDICAL INFORMATION

My child is ALLERGIC to: *Bee Sting _____ *Medication _____ *Food _____ *Other _____ **If you check any item, give details below:*

My child has a MEDICAL CONDITION: *Asthma _____ *Diabetes _____ *Seizures _____ ADD/ADHD _____ *Other _____ **Give details below:*

List any prescribed medications: _____

DOCTOR'S NAME: _____ Phone # _____ DENTIST'S NAME: _____ Phone # _____

HOSPITAL: 1st Choice _____ 2nd Choice _____

In case of an emergency, and I or a member of my family cannot be contacted, I give my permission for the school authorities to seek medical treatment for my child, and I assume responsibility for such emergency expenses.
Signature of Parent or Guardian _____ Date _____