



2018 - 19 Family Registration Form

715 W. Southern Ave., Tempe, AZ 85282
480-967-3991 www.elstempe.org

Completed on: _____

Received by: _____

STUDENT INFORMATION

FAMILY LAST NAME:

Race (optional): Caucasian Asian Hispanic Native-American African-American Other

Student 1 Name: Last: _____ First: _____ Middle: _____

Date of Birth: _____ Gender: _____ Grade Entering: _____

Student resides with: Both Parents **OR** Mother Father (shared custody)
(check all that apply) Father & Step-Mother Mother & Step-Father Other

Allergies: _____ Physical Limitations: _____

Student 2 Name: Last: _____ First: _____ Middle: _____

Date of Birth: _____ Gender: _____ Grade Entering: _____

Student resides with: Both Parents **OR** Mother Father (shared custody)
(check all that apply) Father & Step-Mother Mother & Step-Father Other

Allergies: _____ Physical Limitations: _____

Student 3 Name: Last: _____ First: _____ Middle: _____

Date of Birth: _____ Gender: _____ Grade Entering: _____

Student resides with: Both Parents **OR** Mother Father (shared custody)
(check all that apply) Father & Step-Mother Mother & Step-Father Other

Allergies: _____ Physical Limitations: _____

PARENT/GUARDIAN INFORMATION

FATHER

MOTHER

Full Name: _____ Full Name: _____

Address: _____ Zip: _____ Address: _____ Zip: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Business Phone: _____ Business Phone: _____

Cell Phone: _____ Cell Phone: _____

E-mail: _____ E-mail: _____

MEDICAL AND EMERGENCY CONTACT INFORMATION

Medical Release: In the event of my absence the child(ren) named on the front page of this document may be admitted to any hospital or medical facility. I request and authorize physicians, dentists, orthodontists and staff duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses to perform diagnostic procedures and treatment procedures of the fore mentioned child(ren).

Physician Name _____ Phone Number: _____

Hospital Preference _____ Hospital Phone _____

Ins. Company Name: _____ Policy #: _____

Dentist Name: _____ Phone Number: _____

Orthodontist Name: _____ Phone Number: _____

ELS T-Shirt Information

All students receive an ELS t-shirt included with the registration fee. Please indicate your child(ren)'s t-shirt size below.

Grades Pre K to 8	YS	YM	YL	AS	AM	AL	AXL	AXXL
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School Directory Information

Please check "Yes" or "No" for each of the following.

1. Would you like your home address & email printed in the school directory? Yes No
2. Would you like your home/cell number printed in the school directory? Yes No
3. Would you like to receive school messages via text? Yes No

Pick Up Authorization

I will make every effort to comply with the spirit of the health guidelines. For the well-being of my own child as well as concern for the school community at large, I will attempt to pick up my ill or injured child within one hour of my notification. If the school is unable to reach me or any of the individuals listed below, I hereby authorize the school to make whatever arrangements seem necessary. Please make every effort to leave daytime phone numbers for the following contacts.

Names of those **AUTHORIZED** to pick up your children. Please list those available during the school day when possible.

Name (List in call order)	Relationship	Day Time Phone	Alternative Phone

Names of those **NOT AUTHORIZED** to pick up your children.

Are your children authorized to walk home? Yes No

PARENTAL AGREEMENT

I have read and completed the entire Registration Form and the 2017-18 Parent Handbook. I agree to comply with all policies set forth in all documents stated above. Registration will not be considered complete until all forms have been signed.

Signature of Father/Guardian: _____

Date: _____

Signature of Mother/Guardian: _____

Date: _____