

## MVSD STUDENT REGISTRATION & EMERGENCY INFORMATION FORM

**TO BE COMPLETED BY PARENT/GUARDIAN.**

**Student's Full Name:** \_\_\_\_\_

**Gender:**  Male  Female **City/State of birth:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Ethnicity:**  Hispanic/Latino  Non Hispanic/Latino

**Race:**  American Indian/Alaskan Native  Asian  Black/African American  Hispanic/Latino

Native Hawaiian/Pacific Islander  White/Caucasian

**Parent Military Status:** #1 Military Status Does not Apply # 2 Active Duty in the Armed Forces  
#3 Full-Time National Guard #4 Active Duty in the National Guard

#3 Full Time National Guard  #4 Student has parent or legal guardian in both 2 & 3

Bus#\_\_\_\_\_ Walker \_\_\_\_\_ Drop Off/Pick Up \_\_\_\_\_ Licenced Driver \_\_\_\_\_

What is the main language spoken at home? \_\_\_\_\_ 2<sup>nd</sup> language: \_\_\_\_\_

**Siblings also attending MVSD (please list names):** \_\_\_\_\_

## **Mother/Guardian Profile Information**

**Who does the student live with at this address: Both Parents, Mother, Father, Guardian, Parent/Stepparent**

Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email address: \_\_\_\_\_ Home # \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Spouse/Partner Email: \_\_\_\_\_

Street (911) Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address if different from above:

## **Father/Guardian Profile Information**

**Who does the student live with at this address: Both Parents, Mother, Father, Guardian, Parent/Stepparent**

Name: \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email address: \_\_\_\_\_ Home # \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Spouse/Partner Email: \_\_\_\_\_

Street (911) Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address if different from above:

I give permission for my spouse/Partner to exchange information with the school and pick up student: Yes  No

**Student Name:**

**My child takes the following daily medications:** \_\_\_\_\_

Medication dose and time: \_\_\_\_\_

**I request the school nurse administer:**

Acetaminophen (Tylenol) Ibuprofen (Advil) Antacid (Tums) Diphenhydramine (Benadryl)

to my child when appropriate and according to manufacturer instructions. I will not hold liable the Merrimack Valley School District, school nurse, principal or other school staff.

Signature of Parent/Guardian: \_\_\_\_\_

Please specify if the student has any medical conditions or history of medical conditions: \_\_\_\_\_

List any allergies (meds, foods, environmental): \_\_\_\_\_

**Has an Epi-Pen ever been prescribed:** Yes  No  **Vision problems:** Yes  No  **Hearing problems:** Yes  No

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Is this student covered by health insurance? Yes  No  Health Insurance Company: \_\_\_\_\_

Dental Insurance? Yes  No  Dental Insurance Company: \_\_\_\_\_

We do not have Dental Insurance and would like to participate in the free NHTI Dental Hygiene Clinic at Merrimack Valley High School.

Permission Form Required for this program.  \_\_\_\_\_

We do not wish to participate in the K-12 Student Accident Insurance Plan  \_\_\_\_\_

### **IN THE EVENT OF EMERGENCY, ILLNESS OR INJURY**

Unless already on file, Please list three adults who would be willing to assume temporary care of your child

I give permission for my emergency contact to pick up / dismiss student. Yes  No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Parenting Plan/Court Orders**

I provided a copy of parenting plan/court orders  There are no parenting plan papers or Court Orders

### **Publication Agreement**

- I agree to the publication of information about school activities including name, awards and achievements, participation in school activities, and photographs.
- I will not allow the publication of any information about my child including publication in the yearbook and recognition in local newspapers.

### **Residency Affidavit**

**\*Residency:** Any student attending the Merrimack Valley School District must reside within the District with either a parent, legal guardian appointed by the court or placed with a resident family by the Department of Health and Human Services.

**I have provided two proofs of residency to the Merrimack Valley School District. I understand that it is my obligation to promptly notify the school principal of any changes in the above information. FURTHERMORE, I hereby certify under penalty of perjury that the information is true and accurate.**

Signature of Parent or Legal Guardian

Date