

# MVSD STUDENT REGISTRATION & EMERGENCY INFORMATION FORM

TO BE COMPLETED BY PARENT/GUARDIAN.

**Student's Full Name:** \_\_\_\_\_  
Last First Middle

**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  
☐ Black/African American and White/Caucasian

**Parent Military Status:** ☐ #1 Military Status Does not Apply ☐ #2 Active Duty in the Armed Forces  
☐ #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:** \_\_\_\_\_

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

## 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