



CLIMAX-SCOTTS JR/SR HIGH SCHOOL
REGISTRATION FORM 2022

We have implemented a new student information system. Please fill out all information as you would like it to be in the system. Please write legibly.

Student Name _____ Grade: _____

Student Physical Address _____ City/Zip Code _____

Student Mailing Address (if different) _____ City/Zip Code _____

Student Cell Number _____ Student Email Address _____

Parent/Guardian #1

Parent/Guardian Full Name _____ Relationship to student _____

Physical Address (write "same" if same as student) _____

Mailing Address (if different or write "same" if same as student) _____

Home phone _____ Cell Phone _____ Email Address _____

Name of Employer _____ Work Phone _____

Would you like to receive student mailings? Yes ___ No ___ Preferred Method of Contact: Phone Email Mail

Do you have custody of student? Yes ___ No ___ (must be listed on birth certificate or have court documentation, if yes)

Parent/Guardian #2

Parent/Guardian Full Name _____ Relationship to student _____

Physical Address (write "same" if same as student) _____

Mailing Address (if different, write "same" if same as student) _____

Home phone _____ Cell Phone _____ Email Address _____

Name of Employer _____ Work Phone _____

Would you like to receive student mailings? Yes ___ No ___ Preferred Method of Contact: Phone Email Mail

Do you have custody of student? Yes ___ No ___ (must be listed on birth certificate or have court documentation, if yes)

Student resides with: _____ Is there an official legal custody judgement? Yes No
If "yes" provide a certified copy of the document for the office
Are there any unusual living circumstances or housing issues/difficulties? Yes No If "yes" please fill out the housing questionnaire.

Emergency Contact #1

Emergency Contact's Full Name _____ Relationship to student _____

Home phone _____ Cell Phone _____ Work Phone _____

Okay to release student to their custody if we are unable to reach you? Yes No

Emergency Contact #2

Emergency Contact's Full Name _____ Relationship to student _____

Home phone _____ Cell Phone _____ Work Phone _____

Okay to release student to their custody if we are unable to reach you? Yes No

Over

Siblings (please list all siblings school aged):

Name _____	Grade _____
Name _____	Grade _____
Name _____	Grade _____
Name _____	Grade _____

Emergency Treatment: I, the undersigned parent/guardian, give my consent for my student to be released to me or my spouse or the friend/relative I have so designated and/or to be taken by ambulance to the nearest hospital in case of emergency. I understand that **Climax Scotts Community Schools do not provide accident medical/dental coverage for students** for the injuries/illnesses occurring at school. I understand that I may voluntarily purchase a student accident insurance plan. **I further acknowledge that I am financially responsible** for medical, dental, ambulance, or other health care expenses or transportation of my child, which might occur because of an illness/injury. **Parent Initial** _____

Preferred Hospital _____ Allergies _____

Medications _____

Medical Concerns _____

Consent to receive over the counter medication: I give permission for my child to receive from the office, as directed with my note of instructions, over the counter (non-prescription) medication that I have provided. Yes ____ No ____

Okay to be given to my child by the office: Tylenol (or substitute) Yes ____ No ____ Ibuprofen (or substitute) Yes ____ No ____
Parent Initial _____

Picture Release Consent: I give consent for my child's picture to be used in school/community publications as deemed appropriate by the school. Yes ____ No ____ **Parent Initial** _____

Permission for Educational Travel: I give permission for my child to go on any trip which the school may sponsor for its groups/classes. Yes ____ No ____ **Parent Initial** _____

Permission for Technology Resources: I have read the technology code of ethics with my student and give permission for my child to use district technology resources. I also understand that we will be charged for any lost/broken/damaged devices assigned to my student. Yes ____ No ____ **Parent Initial** _____

Residency Verification: My child resides within the Climax-Scotts School District. Yes ____ No ____
(If "no" above) I have filed a "Schools of Choice" form or Release letter to the Superintendent's Office Yes ____ No ____
Parent Initial _____

I affirm and attest that the above information that I, the parent/legal guardian, of _____, is true and accurate and that my child and I reside at the address I have provided.

Parent/Guardian Signature: _____ **Date:** _____

Office Use Only

Date Received: _____	By: _____	Locker Assignment: _____	Combo: _____
Date Entered into System: _____	By: _____	Sports Physical on File: Y or N	Physical dated: _____
		Parking Permit # _____	