

SHAW ISLAND SCHOOL
REGISTRATION AND EMERGENCY NOTIFICATION FORM

Boy ___ Girl ___ Ethnicity _____ Race _____

Date of birth _____ Place of Birth _____
City State Country

Student's Name: _____
Last First Middle

Parent/Guardian's Name: _____

Parent/Guardian's Name: _____

Address: _____
PO Physical Island

Phone: _____
Home Cell Mother/Guardian Cell Father/Guardian

Email: _____
Mother/Guardian Father/Guardian

Date of Enrollment: _____ Last Grade Level Completed: _____ Grade Placement Requested: _____

Last School Attended: _____
Address: _____

In case of emergency, an alternate person to be notified is:

Name	Relationship	Contact number(s)
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Physician _____ Phone: _____

Preferred Hospital: _____

Emergency Health Information (diabetes, allergies, etc.)

If the parent/guardian, authorized physician, or alternate person named above cannot be reached in the event of injury or illness, and if immediate observation or treatment is urgent in the judgment of the school authorities, do you authorize and direct the school authorities to send the above named student (properly accompanied) to the hospital or doctor most accessible?

Yes ___ No ___ Date _____
Parent/Guardian Signature

Additional Notes: _____
