



Council Bluffs Community SCHOOL DISTRICT

Students must be registered with their Legal Name as documented on a Birth Certificate or other Legal Document

STUDENT INFORMATION

Name (Last, First, Middle) / /
Birthdate Grade Gender

Address (Street, City, State, Zip) _____
Home Telephone Number

Student's Medicaid Number (if applicable)

Ethnicity: Hispanic/Latino (Circle one): Yes No

Race (Circle One):

American Indian/Alaska Native Asian Black/African American Native Hawaiian/Pacific Islander White

Resides With:

Person 1

Person 2

	Person 1	Person 2
Name, Relationship		
Address		
City, State, Zip		
Home Phone		
Cell Phone		
Email Address		
Employer		
Work Phone		

Does Not Reside With:

Person 1

Person 2

	Person 1	Person 2
Name, Relationship		
Address		
City, State, Zip		
Home Phone		
Cell Phone		
Email Address		
Employer		
Work Phone		
Send School Mailings	YES / NO	YES / NO

Emergency Contact or Babysitter (NOT PARENT OR GUARDIAN)*Please List Two -- These people are authorized to pick up this student if the Parent or Guardian is not available.*

Name:		
Phone:		

Medical Information

Any Chronic Illness/Allergies?	Daily Prescription Medications Taken at Home	Daily Prescription Medications Taken at School
Yes / No If Yes, another form will be sent for student's health history.		
Physician	Telephone	New Immunizations? YES / NO

Language / Birthplace Information

1) Was English the first language your child learned to speak?	YES / NO
2) Language(s) spoken at home by the student?	
3) Language(s) Spoken at home by others?	
4a) Student's Birthplace (City, State, Country)	

4b) Please list other children in your home between the ages of 3 and 18					
Name	School	Born in the United States?	Name	School	Born in the United States?
		YES / NO			YES / NO
		YES / NO			YES / NO

Miscellaneous Information

1) Does your child have a significant medical dietary restrictions or food allergies? (if Yes, please notify school of specific instructions)

Last School Attended: _____

Early Dismissal Information: In case of emergency closing of the school my child has instructions to: (Circle One)		
Go to home listed below: <i>(Name, Address, Telephone, Relationship)</i>	Go Straight Home	Kids and Company

Your signature below indicates that the information you provided on this form is accurate. At any time, if you or your child has questions regarding this document, please contact the school, or any staff member for help. You are responsible for updating this information as it changes.	
Parent/Guardian Signature: _____	Date: _____

For New Kindergarten students, What preschool did you attend? (Circle one)**Attended in District****Did Not Attend****Attended Other**