

Greenville Public School 2015-2016

Last Name _____ First Name _____ Middle Name _____ Date Enrolled ____/____/____

Age as of Sept 1 st :	Grade:
Birth day:	Teacher:
Birth Place:	State Testing #:
M: F:	Student I.D. #:
Race:	SSN #:
Is more than one language spoken in the home? If yes, please list language _____	

OFFICE USE ONLY		
<input type="checkbox"/> OFFICE FORMS HANDBOOK	<input type="checkbox"/> MEDICAL RELEASE	<input type="checkbox"/> STUDENT
COMMENTS: _____		

Father/Guardian:	Mother/Guardian:
Mailing Address:	Mailing Address:
Employer: Phone:	Employer: Phone:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Directions to your home:	
Check who child lives with:	Both Parents: Father: Mother: Guardian:

List name and ages of brothers/sisters:
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Name ,Phone Number, and Relationship of who may be contacted in case of an emergency or student may be released to:

1. _____ #: _____ Rel. _____

2. _____ #: _____ Rel. _____

3. _____ #: _____ Rel. _____

Name of people who **CANNOT pick up your child:**

1. _____ Relationship _____ 2. _____

In event of a medical or unexpected emergency the school has my permission to take any action they see necessary for the safety & well being of my child: Yes: ___ No: ___

★ What district do you live in:
 Greenville: _____ Turner: _____ Marietta: _____ Plainview: _____ Ardmore: _____

HEALTH INFORMATION

Doctor's Name: _____ Date of Last Physical: ____/____/____

Dentist's Name: _____ Date of Last Exam: ____/____/____

Please check all that apply to your child:

Bee Sting Allergy/Anaphylaxis
 Epilepsy/Seizures
 Asthma
 Hearing Condition
 ADD/ADHD
 Chickenpox (date ____/____/____)
 Diabetes
 Limits on activity
 Other _____

Special Diet: _____

Please explain above items checked and any other medical/health condition that is necessary for us to know:

Please list all medicines and reasons for taking it:

Medication Allergies: _____
 Food Allergies: _____
 Parent/Guardian Signature: _____

Corporal Punishment

To guarantee a good social educational climate, it is important that students understand that acceptable standards of behavior are expected at all times. Discipline will be administered when and individual's actions interfere with the right of teachers to teach and students to learn. Your signature below states that after all other methods have been exhausted you have given the Greenville administration the authority to use corporal punishment as a reason of solving your child's unacceptable behavior. If you do not approve for your child to be administered corporal punishment, understand that your child may be suspended from school as an alternative.

I give permission

I do not give permission

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