

Rio Rancho Public Schools K3 Plus Registration Form

*Please mark the grade your child will attend for SY 2017-18

Last Name	First Name	M.I.	Age	Gender	Grade*	Date of Birth	Student Number

House No. Street Name or Rural Address	Apt.#	Zip Code	Home Phone	Alternate Phone

Does your child receive Special Education Services?	Please list any person to whom you would NOT allow us to release your child
<input type="checkbox"/> yes <input type="checkbox"/> no	

School Last Attended	Name of Most Recent Classroom Teacher	Ethnicity (circle)
		Asian Black Caucasian American Indian Hispanic Other

Last Name of FATHER			First Name		M.I.	Lives with this person		Legal Guardian?		Father's Home Address & Zip Code
						yes	no	yes	no	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Name of Father's Employer	Work Phone	Alternate Phone

Last Name of MOTHER	First Name		M.I.	Lives with this person		Legal Guardian?		Mother's Home Address & Zip Code
				yes	no	yes	no	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Name of Mother's Employer	Work Phone	Alternate Phone

Name of person with whom student lives (if other than above)	Relationship	Lives with this person		This Person's Home Address & Zip Code
		yes	no	
		<input type="checkbox"/>	<input type="checkbox"/>	

Transportation									
Transportation services will be provided for K3 Plus program. Please indicate whether your child will ride the bus to or from school.			<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Morning</th> <th style="width: 50%;">Afternoon</th> </tr> <tr> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> </table>	Morning	Afternoon	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Morning	Afternoon								
Yes <input type="checkbox"/>	No <input type="checkbox"/>								
Yes <input type="checkbox"/>	No <input type="checkbox"/>								

Parent Contacts		
Date/Time	Name of Person Reached	Reason for Contact

EMERGENCY INFORMATION

K-3 Plus Summer 2016

My child has the following health problems (for example: allergy, asthma, kidneys, seizures, heart, etc.): _____

IN CASE OF ILLNESS OR ACCIDENT, AND YOU CANNOT REACH ME, THE SCHOOL IS AUTHORIZED TO PROCEED AS INDICATED BELOW:

1. Notify: _____ Phone: _____ Alternate Phone: _____
2. Notify: _____ Phone: _____ Alternate Phone: _____

IF UNABLE TO REACH ANYONE, PLEASE CONTACT MY PHYSICIAN AND FOLLOW HIS ORDERS.

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital Preference: _____

Language Spoken at home: _____

I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY EMERGENCY TRANSPORTATION AND CARE.

Signature: _____ Date: _____

