

REGISTRATION FORM

Rose Hill Public Schools USD 394

First Name: _____ MI: _____ Last Name: _____ Grade: _____ Ethnicity: _____
Preferred Name: _____ Gender: _____ Phone: _____ Birthdate: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Father: _____ Father's Employer: _____ Father's Work Phone: _____
Father's Home Phone: _____ Father's Cell Phone: _____ Father's E-Mail: _____
Mother: _____ Mother's Employer: _____ Mother's Work Phone: _____
Mother's Home Phone: _____ Mother's Cell Phone: _____ Mother's E-Mail: _____
1st Guardian: _____ Relationship: _____ Employer: _____
Guardian Home Phone: _____ Work Phone: _____ Cell Phone: _____ E-mail: _____
2nd Guardian: _____ Relationship: _____ Employer: _____
2nd Guard. Home Phone: _____ Work Phone: _____ Cell Phone: _____ E-Mail: _____
Student resides with? _____ Who has custody? _____
***In an **EMERGENCY** situation when we cannot reach you at home or at work, please list two people who have agreed to take responsibility for your child and consented to the release of their address and phone numbers so we may reach them as an alternative.
Emergency Contact #1: _____ Phone: _____ Work: _____ Cell: _____ Relationship: _____
Emergency Contact #2: _____ Phone: _____ Work: _____ Cell: _____ Relationship: _____
Day Care Provider: _____ Phone: _____

Military Connected Student Indicator: - Not military connected

Allowable values: 0 = Student is not military connected

1 = Student is a dependent of a member of the Active Duty Forces

2 = Student is a dependent of a member of the National Guard or Reserve Forces

*****Legal Alert*****

****A legal document stating guardianship will need to be provided to the school****

Is there a second parent or legal guardian who would like to receive second mailings? If yes, please list:

Name of person: _____

Mailing address: _____

Is there someone who should NOT pick up your child at school? If yes, notify the school office.

In order for this to be enforced, legal paperwork must be provided.

New Student Information (Completed by transfer students only)

Student's previous school attended: _____

School Address: _____ Grade: _____ Teacher: _____

School City: _____ State: _____ Zip Code: _____

Dear Parents/Guardians,

Rose Hill Schools has purchased SchoolMessenger, a notification alert system. This system will make attendance calls, send general announcements, notify parents of a school closing, and send other emergency alerts. It is very important that we have current contact information for every student.

In the spaces below, please list the numbers where you would like to receive phone alerts and e-mail messages. The numbers must be direct lines without extensions. SchoolMessenger **will** leave messages on machines or voicemail. We must have a minimum of one number per category. The additional numbers are optional. Numbers can be duplicated in both General and Attendance categories. **Emergency notifications will go to all numbers listed.**

Student Name(s): (You may put all kids that attend the same building on one form.)

E-mail Address - _____

General Messages - These numbers will be called for school closings, general announcements, etc.

Home Phone Number

Phone Number 1:

Phone Number 2:

Phone Number 3:

Attendance Messages – These numbers will be called during the school day if the school office has **NOT** been notified of an absence.

Phone Number 4:

Phone Number 5:

Phone Number 6:

Phone Number 7:

Parent/Gaurdian: _____