



# DeSoto County Schools K-12 Registration Form



MSIS #: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Grade: \_\_\_\_\_ Car Rider?  Yes  No Bus #: \_\_\_\_\_

School Name: \_\_\_\_\_ Lives within one mile of school?  Yes  No

Child's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Last First Middle

Place of Birth: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SS#: \_\_\_\_\_  
City State County

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Permanent Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Father/Step-Father/Guardian: \_\_\_\_\_  
Last First

Address (if different from above): \_\_\_\_\_ County: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_

Mother/Step-Mother/Guardian: \_\_\_\_\_  
Last First

Address (if different from above): \_\_\_\_\_ County: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_

Does the child live with both parents?  Yes  No Are both mother and father living?  Yes  No

If No, with whom does the child live? \_\_\_\_\_

Emergency Phone Numbers - Please put down two (2) names other than parents:

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State Zip

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State Zip

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Others authorized to pick up your child: \_\_\_\_\_

**NOTE:** No one other than the names on this file will be allowed to pick up your child. If there is a restriction or a custody alert, papers **MUST** be on file in the school office.

Please list any restrictions on your child: \_\_\_\_\_

## MEDICAL INFORMATION

Is your child currently taking medication?  Yes  No If Yes, give names and reason: \_\_\_\_\_  
\_\_\_\_\_ (If your child is given medication at school, a medication form must be signed.)

Known conditions or allergies the school should be aware of: \_\_\_\_\_

Does the child have and/or receive:  Medical problem  Hearing problem  Speech Language Therapy  Title I  
 Special Education Services

If Yes, please explain: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

## BROTHERS AND SISTERS IN SCHOOL

Name	Grade	School

Name	Grade	School

Has your child attended any previous school?  Yes  No

Please give name and address of all schools attended: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child currently suspended, expelled, pending placement, or placed in an Alternative School?  Yes  No

Birth Certificate presented?  Yes  No Birth Certificate #: \_\_\_\_\_ Verified by: \_\_\_\_\_

Immunization record presented and immunization current?  Yes  No

Immunization date: \_\_\_\_\_ Verified by: \_\_\_\_\_

I hereby give written permission for my child to be transported by ambulance to the medical facility deemed necessary for appropriate and immediate attention.

\_\_\_\_\_  
Signature Date

It is imperative that you notify the school office and the child's teacher if any information contained in this form should change during the school year.

## FOR OFFICE USE ONLY:

Is the child eligible for free/reduced lunch?  Free  Reduced  No