



The Golden Key Center for Exceptional Children
SCHOOL REGISTRATION FORM
(returning students)

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GENERAL

TODAYS DATE _____

LAST NAME _____ FIRST _____ MIDDLE _____

BIRTHDATE _____ GRADE _____ SCHOOL DISTRICT OF RESIDENCE _____

Please complete this page ONLY if information has changed since the previous school year

RESIDENCE

STREET ADDRESS	CITY	STATE	ZIP CODE

FAMILY

PARENT/GUARDIAN _____ D.O.B. _____

ADDRESS (IF DIFFERENT THAN STUDENT) _____

PRIMARY PHONE# _____ WORK # _____ EMPLOYER _____

ADDITIONAL PARENT/GUARDIAN _____ D.O.B. _____

ADDRESS (IF DIFFERENT THAN STUDENT) _____

PRIMARY PHONE # _____ WORK # _____ EMPLOYER _____

HOME STATUS

<p>STUDENT LIVES WITH:</p> <p><input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> GRANDPARENTS</p> <p><input type="checkbox"/> FATHER <input type="checkbox"/> STEP MOTHER</p> <p><input type="checkbox"/> MOTHER <input type="checkbox"/> STEP FATHER</p> <p><input type="checkbox"/> OTHER: _____</p>	<p>AGES OF SIBLINGS</p> <p>_____ SISTER _____ BROTHER</p> <p>_____ SISTER _____ BROTHER</p> <p>_____ SISTER _____ BROTHER</p>
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_____ IF SEPARATED OR DIVORCED, A COPY OF THE CUSTODY PAPERS HAS BEEN PROVIDED TO THE SCHOOL

EMERGENCY CONTACTS (Other than parents/guardians)

EMERGENCY CONTACT NAME	PHONE NUMBER	RELATIONSHIP
CONTACT #1		
CONTACT #2		



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IF INFORMATION IS THE SAME AS LISTED ON PREVIOUS ENROLLMENT FORMS, PLEASE CHECK NO

HEALTH INFORMATION

ALLERGIES, SPECIAL HEALTH OR MEDICAL CONDITIONS AND FOOD SUPPLEMENTS

Please check "yes" and complete the necessary information if your child has any **NEW** allergies, special health or medical conditions or food supplements that were not listed on previous enrollment forms.

Does your child have any food, medication or environmental allergies that were not listed on previous enrollment forms?

- NO
 YES (CHECK ALL THAT APPLY) FOOD MEDICATION ENVIRONMENT OTHER

PLEASE LIST AND EXPLAIN

Does your child's allergy require staff to monitor your child for symptoms, take action if a reaction occurs and/or give emergency medication to your child?

- NO
 YES (Additional paperwork may be required)

Is your child currently using any medication or food supplement that was not listed on previous enrollment forms?

- NO
 YES- PLEASE LIST MEDICATIONS AND ANY PERTINENT DETAILS

If yes, does this medication or food supplement need to be administered during school hours?

- NO
 YES (Additional paperwork may be required)

Does your child have any dietary restrictions including those for medical, religious or cultural reasons that were not listed on previous enrollment forms?

- NO
 YES-PLEASE LIST AND EXPLAIN

Has your child had any recent hospitalizations, surgeries or health concerns not previously listed on enrollment forms?

- NO
 YES-PLEASE LIST AND EXPLAIN



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SIGNATURES

ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES

I have received and reviewed a copy of The Golden Key Center for Exceptional Children Parent Handbook YES NO

I hereby agree that the information provided above is true and correct to the best of my knowledge. I understand that forms I completed and signed in previous years are still on file and my signature on those forms remains valid for as long as my child is a student of The Golden Key.

PARENT/GUARDIAN SIGNATURE(S)	DATE:
ADMINISTRATOR SIGNATURE	DATE: