

New Braunfels Independent School District
Summer School 2018
Registration & Emergency Care Record

OFFICE USE ONLY

Session _____

Bus _____

Student's S.S. or ID # _____ Ethnicity _____ Male/Female _____

Campus in 2017/18 _____ Grade in 2018/19 _____ Birth Date _____

Student Name _____

Home Address _____
Last First Middle Initial Phone _____

Father Name _____ Employed by _____ Phone _____

Mother Name _____ Employed by _____ Phone _____

It is necessary that the school have a number where you (a friend or relative) can be reached in case of emergency.

Please list the names of two neighbors or relatives that will pick up your child if we are unable to contact you.

Name _____ Phone _____

Name _____ Phone _____

Name of family doctor that may be used if an emergency should occur and we are unable to contact you.

Name _____ Phone _____

Name of hospital your doctor uses _____

In an emergency, your child will be taken to the county hospital if (1) you do not have a family doctor or (2) you and/or your family doctor cannot be reached.

Does your child have allergies? Yes _____ No _____

If yes, explain _____

Please note any other information (chronic illness, special care, etc.) that may be helpful in caring for you child.

Parents are not to send any medication to school with a child. If your child must take medication during school hours, you must make prior arrangements with the summer school principal. If there is any change in your address, phone number, place of employment or babysitter, please notify the school immediately.

Signature: _____

Date: _____