

**SCHOOL DISTRICT OF BELOIT TURNER**  
**Turner High School Registration Form 2016-2017**

Date \_\_\_\_\_ Grade \_\_\_\_\_  
Open Enrollment \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Gender \_\_\_\_\_

Student's **LEGAL** Name \_\_\_\_\_  
Last First Middle

Student's Resident Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_

\*Is this student Hispanic/Latino? \_\_\_\_\_ YES \_\_\_\_\_ NO

\*Is this student: (choose one or more. You must select at least one.) \_\_\_\_\_ American Indian or Alaska Native  
\_\_\_\_\_ Asian \_\_\_\_\_ Black or African American \_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_ White

BIRTH CITY \_\_\_\_\_ BIRTH STATE \_\_\_\_\_ BIRTH COUNTY \_\_\_\_\_

Home Language English Spanish German French Vietnamese Italian

**If you are new/returning to the district, please fill out the home language survey. (Please ask for form)**

Is the student enrolled in a Special Education Program(s)? \_\_\_\_\_ If yes, what program(s)? \_\_\_\_\_

Last school attended \_\_\_\_\_ Grade \_\_\_\_\_ School Address \_\_\_\_\_

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**Father's** Legal Name \_\_\_\_\_  
Last First Middle

Resident Address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ **Father's** E-mail address \_\_\_\_\_

Place of Employment/Department \_\_\_\_\_ Shift \_\_\_\_\_ Phone ( ) \_\_\_\_\_

If remarried, Spouse's name \_\_\_\_\_

**Stepmother's** Cell Phone # \_\_\_\_\_ **Stepmother** E-mail address \_\_\_\_\_

**Stepmother's** place of employment (if remarried) \_\_\_\_\_ Phone # \_\_\_\_\_

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**Mother's** Legal Name \_\_\_\_\_  
Last First Middle

Resident Address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ **Mother's** E-mail address \_\_\_\_\_

Place of Employment/Department \_\_\_\_\_ Shift \_\_\_\_\_ Phone ( ) \_\_\_\_\_

If remarried, Spouse's name \_\_\_\_\_

**Stepfather's** Cell Phone # \_\_\_\_\_ **Stepfather** E-mail address \_\_\_\_\_

**Stepfather's** place of employment (if remarried) \_\_\_\_\_ Phone # \_\_\_\_\_

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**If student does not reside with either parent, please provide the following:**

Guardian's Name \_\_\_\_\_  
Last First Middle

Guardian's Resident Address \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Guardian's Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

Place of Employment/Department \_\_\_\_\_ Shift \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**PLEASE TURN OVER AND FILL OUT BACK OF THIS FORM**

**\*\*\*Please notify your child's school office if there are ANY address changes or new phone #'s ASAP.**

# EMERGENCY FORM

Student's **LEGAL** Name \_\_\_\_\_ Grade \_\_\_\_\_

*Other Emergency Contacts:* Parents will be called first from front of form information.

Need other emergency people to call –Include first and last names and please be specific as possible.

**Please DO NOT include Parents names** – (Information IS ON THE FRONT of form)

| Phone # | Name (first & last) | Address | Relationship to student |
|---------|---------------------|---------|-------------------------|
| 1.      | _____               | _____   | _____                   |
| 2.      | _____               | _____   | _____                   |
| 3.      | _____               | _____   | _____                   |

I hereby authorize the school personnel to call the physician or dentist named herein if an emergency exists and I cannot be contacted.

| Physician                                                                                                                                                                                                                                     | Phone | Dentist | Phone |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------|-------|
| I hereby authorize the school authorities to transport my child to the hospital by car or by ambulance, and/or obtain emergency medical service. The Turner School District and its employees will hold themselves harmless of all liability. |       |         |       |

\_\_\_\_\_  
Date Parent/Guardian Signature

Any Siblings related to student: Please state their full name, grade and school

**Please check below all that apply to your student:**  
Wear glasses \_\_\_ Contacts \_\_\_ Comments \_\_\_\_\_  
Hearing Difficulties \_\_\_\_\_ Comments \_\_\_\_\_  
Allergies \_\_\_\_\_ If yes, what are they? \_\_\_\_\_  
Headaches \_\_\_\_\_ If so, how frequently? \_\_\_\_\_  
Any health or physical problem of which the school should be aware of? \_\_\_\_\_

Any other information you believe would be helpful? \_\_\_\_\_

I understand that the adults (Mother, Father, Guardian) listed above will receive copies of the student's academic and behavior reports. If one or both parents do not have legal right to this information, please provide us with a copy of the court document that denies the parent this information.

**\*Signature of Person who completed this form:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Date: \_\_\_\_\_