HANNIBAL CENTRAL SCHOOL DISTRICT
Student Information Registration Packet
(To be completed by a Parent or Guardian)
Please review the current information on file for your child. Update and complete all information and sign where appropriate.
Return this document to the District Registrar by **May 1st.**

Student: _____

School: _____

Date of Birth: _____/_____/_____ Student Home Phone: _____

Student Address: _____ ☐ Please check if this address is temporary

_____

Mailing Address: _____ ☐ Please check if your student receives special education services

_____

Contact Information:

The Schooltool Parent Portal provides parents and guardians access to assignments, grades and attendance information. To receive access, you must provide a valid email address and receive mail regarding the child.

Contacts

Call Order _____

Name #1: Custody: Yes / No Student lives with: Yes / No
Relationship: Can Pick Up: Yes / No Receives Mailings: Yes / No
Receives Email: Yes / No

Address: _____ Mailing Address: _____

_____ _____

Phone Call Order

Employer _____ Home Phone: _____ 1 2 3

Email: _____ Cell Phone: _____ 1 2 3

Work Phone: _____ 1 2 3

Please provide me with access to the Schooltool Parent Portal for my child? Yes / No

Contact in case of an emergency closing or early dismissal? Yes / No

_____

Name #2: Custody: Yes / No Student lives with: Yes / No
Relationship: Can Pick Up: Yes / No Receives Mailings: Yes / No
Receives Email: Yes / No

Address: _____ Mailing Address: _____

_____ _____

Phone Call Order

Employer _____ Home Phone: _____ 1 2 3

Email: _____ Cell Phone: _____ 1 2 3

Work Phone: _____ 1 2 3

Please provide me with access to the Schooltool Parent Portal for my child? Yes / No

Contact in case of an emergency closing or early dismissal? Yes / No

Name #3: Custody: Yes / No Student lives with: Yes / No

Relationship: Can Pick Up: Yes / No Receives Mailings: Yes / No

Receives Email: Yes / No

Address: _____ Mailing Address: _____

_____ _____

Phone Call Order

Employer _____ Home Phone: _____ 1 2 3

Email: _____ Cell Phone: _____ 1 2 3

Work Phone: _____ 1 2 3

Please list up to two adults to contact if you cannot be reached in case of an emergency: IF NOT THE SAME AS ABOVE

1. Name: _____ Telephone: _____

   Permission to pick up student? Yes / No Cell Phone: _____

2. Name: _____ Telephone: _____

   Permission to pick up student? Yes / No Cell Phone: _____

Other Information

Do you have any children in your household that have not reached school age? Yes / No

Name: _____ Date of Birth: _____/_____/_____ Gender: M / F

(last, first) MM DD YYYY

Name: _____ Date of Birth: _____/_____/_____ Gender: M / F

(last, first) MM DD YYYY

Most recent Legal Custody Papers or Court Order of Protection on file in the district? Yes / No / N/A

_____

Printed Name of Parent/Guardian

_____ _____

Parent/Guardian Signature: **Date:**

Student Confidential Health Form

Student: _____ School: _____

Please check below any conditions affecting your child which may affect his / her welfare in school. For example, Asthma, Diabetes, Seizure Disorder, Vision or Hearing Defect, Severe Allergies, etc.

- ☐ Drug Allergy
- ☐ Food Allergy
- ☐ Insect Allergy
- ☐ Environmental Allergy
- ☐ ADD/ADHD
- ☐ Diabetes
- ☐ Asthma
- ☐ Arthritis
- ☐ Scarlet Fever
- ☐ Heart Condition
- ☐ Pneumonia
- ☐ Kidney Disease
- ☐ Vision Problems or Corrective Lenses
- ☐ Seizure Disorders
- ☐ Recent Injuries
- ☐ Recent Surgeries
- ☐ Hearing Problems

List and explain, any items checked above and any illnesses, injuries, or health problems the child has had in the past year or is currently being treated for:

List the medications with dosages your child takes on a regular basis, include prescription and over the counter medications:

	Name of Drug	Dose and Frequency	Reason
1.			
2.			
3.			
4.			

My child wears: ☐ Glasses ☐ Contacts ☐ Hearing Aid(s) ☐ Orthodontic Braces

Other Brace: ☐ Arm ☐ Leg ☐ Back

Name of Health Care Provider: _____ Phone: _____

Name of Dentist _____ Phone: _____

Permission for emergency medical treatment in case of injury or illness and parent/guardian is not available:

1. In an emergency, the information on this form may be given to emergency medical personnel. ☐ Yes ☐ No
2. I give permission for medical personnel to treat my child. ☐ Yes ☐ No
3. If my child must be hospitalized, my hospital preference is: _____

Parent/ Guardian Signature: _____ **Date:** _____

Print Name of Parent/ Guardian: _____