

◆ ENROLLMENT DATE: ____ / ____ / ____ ◆

Grade: _____
Male/Female

CHILD'S LEGAL NAME: _____
first middle last

NICK NAME CHILD PREFERS TO BE CALLED BY (if applicable): _____
Does your child go by a different last name than he/her legal name? NO [] YES [] _____

DATE OF BIRTH: ____ / ____ / ____ RACE: (American Indian/Alaska Native, Asian American, Black,
mo. day yr Hispanic, Native Hawaiian/Pacific Islander, White)

PHYSICAL ADDRESS: _____
City ST

Mailing Address (if different from above) _____

Mom's Email Address: _____ Dad's Email Address: _____

HAS YOUR CHILD BEEN ENROLLED IN ANY OF THE FOLLOWING PROGRAMS?
[] Speech/Language [] Special Education [] Counseling [] Academic Assistance

PARENT / GUARDIAN INFORMATION – Parents / Guardians the child lives with:

Name and Relationship	Home Phone	Work Place and Phone	Cell Phone

Do you or your spouse work for STILLWATER MINING COMPANY? [] YES [] NO (for impact purposes)

Is this student Military Connected?

*Military Connected means the student is a dependent of an active duty member of:

Please select one:

_____ The United States Military (Army, Navy, Air Force, Marines, or Coast Guard)

_____ Active Duty National Guard

_____ Active Duty Reserve Force of the US Military

_____ Transitioning out of Active Duty to National Guard or Reserve

Parents / Guardian's the child does not live with:

[] Father [] Step-Father _____
first last phone #

[] Mother [] Step-Mother _____
first last phone #

◆ **EMERGENCY CONTACTS:** If your child becomes ill or injured at school, please provide us with the names of local people who could be called to come and get your child if we are unable to get in touch with you. We will not release your child to anyone else.

Name:	Home Phone	Work Place and Phone	Cell Phone

******Please complete the back side of this form.******

Brothers and Sisters of this student:	Gender	Birthdates

MEDICAL INFORMATION

Does your child wear:

Glasses? **Yes** **No**

Hearing Aides? **Yes** **No**

Other? (please explain) _____

My child **is not** on a continuing medication regimen.

My child **is** a continuing medication regimen.

Medical Condition: _____.

Medication: _____.

Dosage: _____.

Physician's Name: _____.

****All medication supplies to be administered at school must be left at the office.****

EMERGENCY MEDICAL RELEASE

It is understood that a conscientious effort will be made to locate my spouse or myself before any action will be taken, but if it is not possible to locate us, this expense will be accepted by us. If the above-named are not available, I authorize care by a physician on call at the hospital. **Yes** **No**

Parent Signature: _____ **Date:** _____