School District of Pepin Annual Registration Form

Name		Grade	Birth Date	
First Middle Address	Last	Email		
		D' 41 G' / G		s
PhoneI	Miles from schoolF	Birth City/State_		 0.
Father's Name	Employer	Wor	k Phone	
Cell Mother's Name	Employer	Wor	k Phone	
Cell		<u> </u>	 	
Race Ethnicity:				
1. Check one:	2. Check all that appl	ly:		
Hispanic/Latino			merican Asian	White
Not Hispanic/Latino		Black/African Native Hawaiian/Other Pacific Islander		
List any health condition the sallergies, eye or ear problems,	school should be aware of (s or any chronic condition)			y, severe
Please list any medications				
List any immunizations receive	ed since last school year DI	PT Polio	Combined Measles	<u> </u>
Mumps	200	19		
Hospital	City	Ph	ione	
Family Doctor	City	P	none	
Family Dentist	City	Pl	none	
Alternate Person to cont				
	Phone			
**Must be able to pick				E
Alternate Person to cont	act to pick your child	up after scho	ol	
	has my permission to			
caregiver/babysitter/non-fami			•	
School Cancellation/Em	ergency Plan			
	follow normal going home p	maaaduma		
	NOT go home, but instead:			
Student should	NOT go nome, but instead.			
2				
I give the School District of Peperson cannot be reached or w	•	^		
		Date		
Signature		*	Þ	