

Melrose Public Schools' Education Stations ~ Registration 2011-2012 Academic Year

Last Name:		First Name:	
Address:		2011-2012 Teacher: (Leave blank if unknown)	
Age on: 9/06/10:	DOB:	School:	2011-2012 Grade:

Please provide written documentation of any relevant custody issues or restrictions to parental pick-up.

	Parent/Guardian 1	Parent/Guardian 2
Name		
Address		
Cell Phone		
Home Phone		
Work Phone		
Email address		

List emergency contacts ***other than those listed above*** we may call after parents, and to whom we may release student.

	Emergency Contact 1 (authorized to pickup)	Emergency Contact 2 (authorized to pickup)
Name		
Cell Phone		
Other Phone		

List any additional adults you give permission to pick up your student.

	Other Authorized Adult 1	Other Authorized Adult 2
Name		
Cell Phone		
Other Phone		

List chronic health conditions (asthma, allergies, other medical/psychological diagnoses), health concerns, medications and/or special dietary requirements. **A current prescription of necessary medications must be provided for after school storage and use.** Please explain severity and related needs of health issues in detail, **OR** check box below. This information will be kept confidential.

My student **does not currently have health conditions requiring attention.** I will give written notice of any changes.

Pediatrician/Family Doctor's name:	Phone number(s) and contact information/instructions:

