

CRESCENT ELEMENTARY ENROLLMENT

2021-2022

NAME LEGAL: _____

PREFERRED NAME: _____

GRADE: _____

SOCIAL SECURITY NUMBER: _____

GENDER: _____

BIRTHDATE & PLACE OF BIRTH: _____

ETHNICITY: _____

- *IF NATIVE AMERICAN PLEASE FILL OUT TITLE IX FORM*

IS A LANGUAGE OTHER THAN ENGLISH USED IN YOUR HOME? _____

- *IF YES PLEASE FILL OUT LANGUAGE FORM*

HOME ADDRESS: _____

MAILING IF DIFFERENT: _____

HOME PHONE NUMBER: _____

- *THIS IS THE NUMBER THE AUTOMATED SYSTEM WILL CALL FOR ANNOUNCEMENTS.*

EMAIL ADDRESS: _____

CURRENT MEDS: _____

ALLERGIES: _____

- *PLEASE PROVIDE PROPER MEDICATION/EPI PEN FOR STUDENT AND CARE PLAN FROM DOCTOR FOR MEDS AND ALLERGIES.*

SPECIAL NEEDS: _____

LEGAL ALERTS: _____

- *PLEASE PROVIDE PROPER DOCUMENTS FOR LEGAL ALERTS*

PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION (PLEASE LIST IN ORDER OF CONTACT PREFERENCE)

1. PARENT NAME: _____

CELL PHONE: _____ WORK: _____

2. PARENT NAME: _____

CELL PHONE: _____ WORK: _____

3. EMERGENCY CONTACT: _____ NUMBER: _____

PREVIOUS SCHOOL INFORMATION:

SCHOOL LAST ATTENDED: _____

CITY/STATE: _____

PHONE/FAX: _____

WAS CHILD SUSPENDED OR EXPELLED? YES OR NO IF YES, PLEASE EXPLAIN:

CLINIC CARD:

_____, THE PARENT WITH CUSTODY OR LEGAL
GUARDIAN OF _____, WHO ATTENDS CRESCENT PUBLIC
SCHOOLS. IF THIS CHILD IS INJURED OR BECOMES ILL AT SCHOOL, I HEREBY
AUTHORIZE THE SCHOOL INSTRUCTOR, NURSE, SCHOOL TEACHER, OR PRINCIPAL
TO ADMINISTER NON-PRESCRIPTION MEDICINE TO MY CHILD. THE ONLY
NONPRESCRIPTION MEDICINE MAINTAINED IN THE SCHOOL OFFICE ARE
ACETAMINOPHEN AND ANTACIDS.

PARENT SIGNATURE:

_____ **DATE:** _____

CORPORAL PUNISHMENT:

IT IS THE POLICY OF THE CRESCENT BOARD OF EDUCATION TO ADMINISTER
CORPORAL PUNISHMENT ONLY AS A LAST RESORT AFTER OTHER REASONABLE
CORRECTIVE MEASURES HAVE BEEN USED WITHOUT SUCCESS. CORPORAL
PUNISHMENT MUST BE ADMINISTERED BY THE ADMINISTRATOR IN THE PRESENCE
OF ANOTHER STAFF MEMBER. CORPORAL PUNISHMENT WILL BE CONSIDERED AS A
FORM OF DISCIPLINE FOR YOUR CHILD UNLESS A PARENT REQUEST OF DENIAL IS
ON FILE.

PARENT REQUEST OF DENIAL:

I DO NOT WANT CORPORAL PUNISHMENT ADMINISTERED TO MY CHILD.

PARENT REQUEST FOR PERMISSION TO ADMINISTER CORPORAL PUNISHMENT:

I AGREE TO ALLOW MY CHILD TO RECEIVE CORPORAL PUNISHMENT IF NECESSARY.

(FOR THE TEACHER)

STUDENT NAME: _____

PREFERRED NAME: _____

PARENT NAME: _____

ADDRESS: _____

CELL AND WORK NUMBERS: _____

EMAIL: _____

BIRTHDATE: _____

ALLERGIES: _____

MEDICAL CONDITIONS: _____

PEOPLE WHO CAN PICK UP CHILD: _____

BUS NUMBER: _____

MAY WALK HOME? YES OR NO

ANYTHING TEACHER NEEDS TO KNOW ABOUT STUDENT:

PERMISSION SLIP FOR HEARING AND VISION SCREENING:

CRESCENT SCHOOLS HAS PERMISSION TO CHECK MY CHILD'S HEARING AND VISION DURING THE SCHOOL YEAR IF YOU SUSPECT THERE MAY BE A PROBLEM.

PARENT SIGNATURE _____ **DATE:** _____

THERE MAY BE TIMES OR EVENTS WHEN YOUR CHILD'S PICTURE AND/OR NAME MAY HAVE THE OPPORTUNITY TO BE USED ON THE INTERNET (CRESCENT SCHOOL WEB PAGE). WE ARE REQUIRED TO HAVE THE PARENT'S OR GUARDIAN'S PERMISSION BEFORE THEY CAN BE PLACED ON THE SCHOOL'S WEB PAGE. PLEASE SELECT YOUR CHOICE BELOW.

_____ **YES, MY CHILD'S PICTURE AND/OR NAME MAY BE PLACED ON THE SCHOOL WEB PAGE.**

_____ **NO, MY CHILD'S PICTURE AND /OR NAME MAY NOT BE PLACED ON THE SCHOOLS WEB PAGE.**

OCCASIONALLY OUR DENTAL OFFICE IN TOWN OFFERS FREE DENTAL SCREENING FOR OUR CHILDREN DURING THE SCHOOL YEAR. PLEASE INITIAL YES OR NO IF WE HAVE PERMISSION TO SCREEN YOUR CHILD.

_____ **YES, THEY HAVE PERMISSION TO DO DENTAL SCREENINGS ON MY CHILD.**

_____ **NO, THEY DO NOT HAVE PERMISSION TO DO DENTAL SCREENINGS ON MY CHILD.**