

# Luverne Public Schools 2022-2023 Back-to-School Registration

PLEASE LIST ALL CHILDREN IN GRADES K-12 ENROLLED AT LUVERNE PUBLIC SCHOOLS

Students Full Name	Grade	Date of Birth

1. Please identify an emergency contact for the school year in the case that a parent or guardian is not available:  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
  
2. Has the family contact information (address, phone numbers, etc.) changed in the last year?  
 No \_\_\_\_\_ If you answered no, your information will remain the same. Move on to question 3.  
 Yes. \_\_\_\_\_ If you answered yes, please complete the change of contact information form on the back page.
  
3. Has the health information (new student medication or conditions) changed in the last year?  
 No \_\_\_\_\_ If you answered no, your information will remain the same. Move on to permissions.  
 Yes. \_\_\_\_\_ If you answered yes, please complete the change of health information form on the back page.

### Permissions - Please answer the following questions for ALL children listed above

	Yes	No
Have you received and read the <a href="#">back-to-school documents</a> ?	<input type="checkbox"/>	<input type="checkbox"/>
Have you accessed the <a href="#">Parent-Student Handbook(s)</a> ?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have permission to use <a href="#">school email</a> ? (Grades 2-12)	<input type="checkbox"/>	<input type="checkbox"/>
Have you and your child read the <a href="#">Internet Acceptable Use Policy</a> ?	<input type="checkbox"/>	<input type="checkbox"/>
Do we have permission to use your child's image for school related purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received information concerning <a href="#">insurance</a> that can be provided at school?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received information concerning <a href="#">asbestos, pesticides, and air quality</a> ?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received information concerning <a href="#">school transportation</a> ?	<input type="checkbox"/>	<input type="checkbox"/>
Do we have permission to send you school information by e-mail?	<input type="checkbox"/>	<input type="checkbox"/>
Have you reviewed information concerning <a href="#">free and reduced meals</a> ?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have permission to take Tylenol or ibuprofen at school?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have permission to attend school field trips?	<input type="checkbox"/>	<input type="checkbox"/>
Can the school disclose your child's information to military recruiters? (Grade 11-12)	<input type="checkbox"/>	<input type="checkbox"/>

Parent Name \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

**PLEASE COMPLETE THIS FORM AND RETURN AT OPEN HOUSE OR TO A SCHOOL OFFICE  
 IF THERE WERE NO CHANGES TO YOUR INFORMATION, YOU DO NOT HAVE TO COMPLETE THE BACK SIDE**

# Change in Contact Information Form

USE THIS FORM ONLY IF YOU HAVE HAD CHANGES IN THE PAST YEAR

Father's/Guardian's Information:

Name \_\_\_\_\_ Address \_\_\_\_\_  
Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_  
Email Address \_\_\_\_\_

Mother's/Guardian's Information:

Same as above check here

Name \_\_\_\_\_ Address \_\_\_\_\_  
Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_  
Email Address \_\_\_\_\_

# Change in Health Information Form

USE THIS FORM ONLY IF YOU HAVE HAD CHANGES IN THE PAST YEAR

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Check if this student has had **NEW** diagnosis or symptoms of any of the following since last year.

- |  |   |  |                                   |
|--|---|--|-----------------------------------|
| <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Ear/Hearing Problems | <input type="checkbox"/> Allergies     | <input type="checkbox"/> Asthma   |
| <input type="checkbox"/> Mental Health   | <input type="checkbox"/> Heart Disease        | <input type="checkbox"/> Seizures      | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Bladder Issues  | <input type="checkbox"/> Bowel Issues         | <input type="checkbox"/> Other : _____ |                                   |

Please list any **NEW** medications that your student takes.

Medication Name	Purpose	Dosage	Frequency (How often)

Explain any **NEW** health information that would be necessary for the school nurse to know:

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