Williams Bay Middle/Senior High School
500 West Geneva St., P.O. Box 1410 Williams Bay, WI 53191
Office (262) 245-6224 Fax (262) 245-5877
Registration/Emergency Form
2017-2018 School Year
Registration Form and Student Fee of $60.00 per Student/$150.00 per family
Due September 5, 2017

Name of Student____
first middle last
Street Address____ **and**
Mailing Address____

Home Phone Number_________________ **Grade of Student**_____ **Age** _________

Student's Cell Phone_________________ **Student's email**__________________________

Date of Birth __________________

Race:
- ○ **White**
- ○ **Asian**
- ○ **Black or African American**
- ○ **Hispanic/Latino**
- ○ **American Indian or Alaskan Native**
- ○ **Native Hawaiian or Other Pacific Islander**

Living with: Mother________ **Father**_________ **Both parents**________

If not, with whom?____

Father's **name**___________________ **Place of work** ___________________________________
cell phone #_______________ **Work Phone #**___________________________________
email address____

Mother's **name**__________________ **Place of work** ___________________________________
cell phone #_______________ **Work Phone #**___________________________________
email address____

Guardian's **name**________________ **Place of work**___________________________________
cell phone #______________ **Work Phone #**___________________________________
email address____

Siblings:____
Name (s) **Grade (s) in school**

Office Use Only
Reg. Fee________
Sports Pass______
PE lock_________
PE Uniform______
Folders__________

NURSE'S OFFICE STUDENT HEALTH HISTORY

Family Doctor________________________ Phone Number_________________
Family Dentist________________________ Phone Number_________________

**Emergency contact (person we can contact if you can't be reached)

____
Name Address Home Phone Cell Phone

Does this student have a major medical condition? ______ No _______ Yes

If "Yes", please circle the appropriate number of any of the following conditions that apply for the student and give a brief explanation in the space provided below:

01	ADD/ADHD*	24	Hearing Aid used
02	Allergy – Bee sting*	25	Heart Disease/Defect
03	Allergy – Food (list below)	26	Hemophilia
04	Allergy – Medication (list below	27	Hyperactive*
05	Allergy – Pollen/dust/hay fever	28	Kidney disorder (explain below)
06	Allergy – Unknown causes	29	Medication prescribed (explain)
07	Anemia	30	Medication needed at school (requires Doctor's order)
08	Arthritis (rheumatoid)		
	Asthma – Uses Inhaler___ Needs at School ___	31	Migraines
08	Birth defect/chromosome disorder	32	Muscular Dystrophy
09	Bleeding Disorder	33	Osgood-Schlatter disease
10	Blood/Blood products not given	34	Physical Activity limitations (requires Doctor's note)
11	Cancer/Leukemia		
12	Cerebral Palsy	35	Rheumatic Fever history
13	Color Blindness	36	Scoliosis
14	Cystic Fibrosis	37	Seizures – Type _________
15	Diabetes		
16	Dietary Restrictions _______	38	Sickle Cell Anemia (explain)
17	Eating disorders/underwt/overwt	39	Tuberculosis
18	Endocrine Disorder	40	Ulcer
19	Epilepsy/Seizures	41	Vision (wears glasses/contacts)
20	Growth Disorder (explain)	42	Visually handicapped
21	Hearing Loss (which ear ________)	43	Blind

*Requires Medication/List below the medication that the student will take during school hours:
Medication: ____
Dosages: ____

Please list any health problems that school personnel should be made aware of:

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____

If an emergency exists and I cannot be reached immediately, I hereby give the school authorities permission to call the doctor or dentist named above, or any available doctor, if the above doctor cannot be reached. I also give such doctor permission to take the emergency measures necessary.

Parent/guardian signature:__________________________________**Date**_____________________