

REACH PROGRAM REGISTRATION FORM
(PLEASE USE BLUE OR BLACK INK ONLY)

Student Name _____

Address _____

Grade _____ Homeroom Teacher _____

Parent(s)/Guardian(s) _____

Please list all emergency numbers for guardian(s) listed above:

Home _____ Work _____ Cell _____

Emergency Contact #1 _____

Please list all emergency numbers for contact listed above:

Home _____ Work _____ Cell _____

Emergency Contact #2 _____

Please list all emergency numbers for contact listed above:

Home _____ Work _____ Cell _____

Was the student new to the *school district* this school year? Yes No

Does your child have an Individualized Education Plan (IEP)? Yes No

What is the primary language that is spoken at home? _____

Allergies (*please explain allergy & reaction*) _____

Please explain in detail any medical conditions we need to know about:

Does your child have asthma? Yes No

If yes, does your child require an inhaler? Yes No

Please also list:

Primary Care Physician	Address	Phone Number
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Do you give permission for the REACH Program to obtain emergency medical services for your child in the event you cannot be contacted? Yes No

Do you give permission for your child to be photographed at the program with the understanding that these photos may be used in program reports or for promotional purposes (bulletin boards, newspaper, district website, etc.)? Yes No

By signing and submitting this application, you are verifying that you have read the REACH Program's Attendance Policy and agree to comply with the program's attendance requirements.

Parent/Guardian Signature

Date

*Submission of this form does not necessarily mean automatic acceptance into the program.