



REGISTRATION PROCESS FOR RETURNING STUDENT

School Year 2011- 2012

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

**Parents' Data**

Name of Father \_\_\_\_\_ E-mail \_\_\_\_\_

Nationality \_\_\_\_\_ Profession \_\_\_\_\_

Place of Work \_\_\_\_\_ Work Phone \_\_\_\_\_

Native Language \_\_\_\_\_ Cell phone \_\_\_\_\_

Home Phone \_\_\_\_\_ BB PIN # \_\_\_\_\_

Description of Vehicles (Color and Make) \_\_\_\_\_

\_\_\_\_\_

License Plate Numbers of all Vehicles \_\_\_\_\_

-----

Name of Mother \_\_\_\_\_ E-mail \_\_\_\_\_

Nationality \_\_\_\_\_ Profession \_\_\_\_\_

Place of Work \_\_\_\_\_ Work Phone \_\_\_\_\_

Native Language \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ BB PIN # \_\_\_\_\_

Description of Vehicles (Color and Make) \_\_\_\_\_

\_\_\_\_\_

License Plate Numbers of all Vehicles \_\_\_\_\_

<p>Authorized People to Pick Up Student(s) &lt;please print names and relationship&gt;</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
--

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**PERSONS TO CALL IN CASE OF EMERGENCY** (if parent cannot be contacted)

1) \_\_\_\_\_ Office Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

2) \_\_\_\_\_ Office Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

**Family Doctor** \_\_\_\_\_ Phone \_\_\_\_\_

**Hospital/Clinic Name** \_\_\_\_\_ Phone \_\_\_\_\_

**ALLERGIES:** Please specify any allergic reactions including bee stings, and indicate name of child: \_\_\_\_\_

**ASTHMA:** Does child have Asthma? \_\_\_\_ If yes, give child's name \_\_\_\_\_ Does school have inhaler with instructions? \_\_\_\_\_ Note any sport or activity restriction: \_\_\_\_\_

**MEDICATION** It is our school policy not to administer medications to students without written parental permission. **If your child requires medication, please bring it to the school in the original container with a parent's/doctor's note and instructions.**

**EMERGENCY CARE:** I hereby authorize the school to take my child(ren) to the nearest medical center in case of emergency when none of the above persons can be reached. Yes \_\_\_\_ No \_\_\_\_

**MEDICAL NEEDS:** Please indicate any ongoing medical needs and indicate name of child:

**EDUCATIONAL/EMOTIONAL PROBLEMS:** Please state if your child has been diagnosed with or treated for any educational or emotional problems. Be specific so we can discuss any special arrangement that may be needed. It is the responsibility of the parent to fully disclose any such diagnoses and provide professional reports and recommendations. Withholding such information may result in non-admission, suspension or dismissal of the student.

Name of Child: \_\_\_\_\_ Description: \_\_\_\_\_

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Note: This information is confidential and utilized for administrative and educational purposes.**



PERMISSION SLIP  
SCHOOL YEAR 2011 – 2012

As part of our curriculum, the children will have opportunities to go on field trips that are designed to amplify what they are studying in their classrooms. Notification will be sent home prior to any trip. It will include information about the destination, date and time.

Frequently students forget to return their permission slip. Because of liability issues, we are unable to allow a student to leave the school grounds without parental permission. Verbal permission by phone cannot be accepted.

Therefore, we have designed a “generic” field trip permission slip. If signed, this form permits your child to go on all school sponsored field trips for the 2011-2012 school year unless otherwise denied in writing. The permission form includes regular classroom excursions, as well as special events that may be organized by Specials Teachers (Art, Music, P.E., Computers, Spanish, etc.)

You are under no obligation to sign this form; however, in its absence it will be your responsibility to furnish the school with written permission for each class trip. Additional forms will not be provided.

Please read the information below and if you have any questions do not hesitate to call.

---

---

My child(ren):

Name \_\_\_\_\_, Grade \_\_\_\_\_

Name \_\_\_\_\_, Grade \_\_\_\_\_

Name \_\_\_\_\_, Grade \_\_\_\_\_

Has/have my permission to take part in all the Discovery School “field trips” for the 2011 -2012 school year. I understand that I will have advance notice of all school/classroom field trips and may deny permission for my child to participate in any given trip by a written notification to the office and/or classroom teacher.

\_\_\_\_\_  
Parent’s Name

\_\_\_\_\_  
Parent’s Signature

\_\_\_\_\_  
Date

# 2011-2012 QUESTIONNAIRE FOR PARENTS

## DISCOVERY SCHOOL NEEDS **YOU**!!

We depend on the active involvement of our parents!

Please consider how you can contribute to the life of the school.

What are your areas of interest and expertise?

-----

### **AS PART OF THE REGISTRATION PROCESS 2011-2012, WE REQUEST THAT EACH PARENT INDICATE BELOW HOW YOU WILL HELP THE SCHOOL**

- HOME ROOM PARENT** (help the teacher organize parties, field trips, communicate with other parents, etc.)
- SPECIAL CLASS PARENT** (Art, Music, Physical Education, Spanish – Please indicate your preference \_\_\_\_\_)
- LIBRARY VOLUNTEER** (read stories to children; help check out books; help shelve books, etc.—once a week or only once a year—either is fine!)
- DPTO** (Discovery Parent/Teacher Organization – be an active participant and help plan and coordinate activities)
- PUBLICITY AND MARKETING** (Join the group that will promote Discovery)
- FIELD TRIP** (Host a field trip to your place of work)
- SPORTS** (Help Organize Sports Teams and Competitions (Please indicate preference \_\_\_\_\_))
- AFTER-SCHOOL ACTIVITY TASK FORCE** (Help organize and recruit sponsors and activities)
- PLAYGROUND EQUIPMENT TASK FORCE** (Coordinate fundraisers and determine what is needed and how to get it)
- PARENT ADVISORY GROUP** (To meet with Ms. Giles once a month and make strategic suggestions and plans for improving the school)
- MEDICAL BRIGADE CHAPERONE** (Requires a one-week commitment)
- OTHER** (Please describe your interest or expertise) \_\_\_\_\_

---

*Thank you for your willingness to help!  
Someone from the school will contact you once registration is concluded.*

\_\_\_\_\_  
Student Name                      2011-2012 Grade

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Student Name                      2011-2012 Grade

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name                      2011-2012 Grade