

# TEAMS INSTITUTE

## Registration Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Race: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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School: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Bus Number: \_\_\_\_\_

Schedule of Classes: \_\_\_\_\_

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Blanket Permission: The McKenzie Special School District, Board, Principals, Staff and Teachers have my permission to release information on my child needed for student progress reporting and evaluation. Signed \_\_\_\_\_

Attach copy of your child's report card

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Father's Name \_\_\_\_\_

Father's Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone/pager \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone/pager \_\_\_\_\_

Custodial Parent/Guardian Full Names: \_\_\_\_\_

Custody: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_

Student lives with (circle one): Both Parents - Mother - Father - Guardian

Persons authorized to pick up student: \_\_\_\_\_

My child has these special medical conditions: \_\_\_\_\_

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In case of an accident or illness requiring immediate medical care of a doctor, I would like you to contact:

Dr. \_\_\_\_\_ Phone: \_\_\_\_\_

I prefer my child be taken to this hospital: \_\_\_\_\_

If you are unable to contact me, please contact one of the persons listed below. The institute has my permission to release my child to the custody of each person listed below:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Is there anything else the institute should know about my child: \_\_\_\_\_

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Attended Parent/Child Interview on \_\_\_\_\_

Please provide a photograph of your children and the adults authorized to pick up your child. If for any reason the non-custodial parent is not allowed visitation rights and does not have the right to remove your child from the institute, we must have a legal document from the custodial parent to support this order.

**Insurance Liability.** Although precautions are taken to maintain adequate security and safety the TEAMS Institute does not assume any legal obligation to pay for injury to persons (including death) or loss or damage to items of personal property which occurs in its buildings or on its grounds, prior to, during or subsequent terms. Students, their parents, guardians, or guarantor are thereby strongly encouraged to purchase and maintain appropriate insurance to cover health, life and property.