Student Registration Report with Medical Information
Bowring Public School

Last Name   First Name   Middle Name

Legal Last Name   Legal First Name   Legal Middle Name

Social Security Number   Grade   Gender   Race

Address   City   State   Zip   County

Birthdate   Birthplace   Home Phone   Cell Phone

Previous School Attended   Address   City   State   Zip   Phone

Fathers Full Name   Work Number   Cell Number

Mothers Full Name   Work Number   Cell Number

Emergency Contact #1_____Phone Number_____

Emergency Contact #2_____Phone Number_____

Emergency Contact #3_____Phone Number_____

In Case of emergency, if necessary, take student to nearest Medical Facility?   Circle One   Yes   No

The school has permission to give age appropriate dosage of Tylenol?   Circle one   Yes   No

Doctors Name_____ Phone Number_____