

**Mansfeld Magnet Middle School  
Tucson Unified School District  
Boost Afterschool Program  
2017-2018**

**1. Student Information (Please PRINT student name exactly as it appears on the birth certificate)**

Legal Last Name:	Legal First Name:	Full Middle Name:
Date of Birth (MM/DD/YYYY)	Matric #:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

**2. Parents / Guardians - Must be Legal Guardians – all others should be listed as Emergency Contact below**

<b>1st Contact</b>	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Legal Guardian (please specify) _____			
	Last Name:	First Name:	Home Phone:	
	Address:	Employer:	Work Phone:	Cell Phone:
	Email:		Is an Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language? _____	

<b>2nd Contact</b>	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Legal Guardian (please specify) _____			
	Last Name:	First Name:	Home Phone:	
	Address (write SAME if same as Student Residential Address):	Employer:	Work Phone:	Cell Phone:
	Email:		Is an Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language? _____	

**3. Emergency Contact (Persons who will care for / pick up student if parent cannot be reached) – must be over 18**

Relationship: <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other _____				
Name:	Home Phone:	Work Phone:	Cell Phone:	<input type="checkbox"/> Interpreter needed? Language _____
Relationship: <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other _____				
Name:	Home Phone:	Work Phone:	Cell Phone:	<input type="checkbox"/> Interpreter needed? Language _____
Relationship: <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other _____				
Name:	Home Phone:	Work Phone:	Cell Phone:	<input type="checkbox"/> Interpreter needed? Language _____

**Is there anyone that may NOT pick up your child? (Name):** \_\_\_\_\_

**If so, does your child recognize this person and know she/he cannot leave with him/her? (circle)**  YES  NO

Continued on Back

**Mansfeld Magnet Middle School  
Tucson Unified School District  
BOOST Program  
2017 – 2018**

**4. Medical**

**Insurance:**  None  Yes (Name of Insurance: \_\_\_\_\_  AHCCS ) Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Allergies:**  Seasonal  Medication allergies \_\_\_\_\_  Bee  Insect  Food \_\_\_\_\_  Other \_\_\_\_\_  Requires EpiPen

**Emergency Care:** In case of serious illness or injury and a parent/guardian cannot be reached, I consent for my child to be taken to a hospital, by ambulance if necessary, for medical care. TUSD will not be responsible for any costs of such not covered by insurance.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_

**6. Special Classes and Accommodations**

Please check below any special classes or programs the student has participated in:

- English Language Development
- Gifted/Accelerated Program
- 504 Plan - Please provide a copy
- Special Education
  - Resource  Self-Contained  Speech Therapy  Occupational/Physical Therapy  Other \_\_\_\_\_
  - Student has a current IEP - Please provide a copy

**7. Transportation**

How will your child leave school? Day Care pick-up arrangements must be made by parents.

- Walk (circle one): alone or accompanied
- Pick-up
- Other: explain \_\_\_\_\_

Students must meet eligibility guidelines as listed in Board Policy EEA (please see the TUSD website).

Parents of students who live outside of TUSD district boundaries are responsible for transportation.

Eligible students who need an alternate address must fill out an Alternate Address Form. Approval is contingent on existing bus routes.

**If eligible**, will this student ride the bus?

- Yes  No

**8. Technology**

May your child use the internet in class?  Yes  No

May we use your child's photograph/video in promotional material?  Yes  No

**Office Use Only**

Date registration received: \_\_\_\_\_

Date entered into Synergy: \_\_\_\_\_

Entered into Synergy by (please print): \_\_\_\_\_

Parent / Guardian Signature

Date

Relationship to Student