



Dolores School District 100 N. 6th St. Dolores, CO 81323
<https://www.doloresschools.org/>

Secondary 970-882-7288
Elementary 970-882-4688
District 970-882-7255

"To educate the mind without educating the heart, is no education at all." Aristotle

DOLORES SCHOOL DISTRICT RE - 4A REGISTRATION AND EMERGENCY CONTACT FORM

Student Full Name _____ Sex _____ Date of Birth _____ Grade _____

Primary phone number for automated messages _____

Mailing Address _____ City _____

Physical Address _____ City _____

(Please circle the appropriate choice) _____ MOTHER STEP-MOTHER GUARDIAN

Name _____ Home Phone _____ Work Phone _____ Cell Phone _____
Mother/Guardian email _____

(Please circle the appropriate choice) _____ FATHER STEP-FATHER GUARDIAN

Name _____ Home Phone _____ Work Phone _____ Cell Phone _____
Father/Guardian email _____

OTHER EMERGENCY CONTACT PERSON

Name _____ Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Home Phone _____ Work Phone _____ Cell Phone _____
Please list additional person(s) authorized to pick up the student from school _____

TYLENOL, COUGH DROPS, CALAMINE/ANTIBIOTIC OINTMENT PERMISSION

I give my permission for my student to be given ACETAMINOPHEN (TYLENOL) in the age appropriate dosage, one time during the school day if needed. Calamine lotion for minor rashes, skin irritation, and insect bites if needed. Antibiotic ointment for minor scrapes and scratches. Cough drop for cough and sore throat.

Signature of Parent/Guardian _____ Date _____

ETHNICITY Is this student Hispanic/Latino? Yes _____ No _____ Mark the one or more that describes the student's race.
_____ White _____ Asian _____ American Indian/ Alaska Native _____ Black/African American _____ Hawaiian/Pacific Islander

PHOTO/VIDEO PERMISSION Please circle either Yes or No whether your child may be photographed or videotaped as part of a school event or program. If you choose No, you will be sent an additional form to complete.

CELL PHONE POLICY Students are NOT allowed to use their cell phones on campus. For full policy information and consequences please see the Student Handbook or Board Policy JICJ at www.doloresschools.org

Signature of Parent/Guardian _____ Date _____

Signature of Student _____ Date _____