

**TREYNOR CSD**  
**REGISTRATION QUESTIONS - PAPER COPY**

These questions are duplicate questions, as asked in the digital portion of online registration in JMC Parent Access. If you are unable to complete the registration online, please fill out the information below (complete one form per child)

Child Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Is the parent's address & phone number unlisted? **Y** or **N**

My child may be given OTC meds (Tylenol, Tums, anti-itch cream) by school nurse as needed? **Y** or **N**  
*(a signed copy of the OTC form is also required)*

List child's relevant medical history (such as illness, diagnoses, surgeries, hospitalizations):

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List child's prescription or OTC meds taken on a regular or as-needed basis:

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List any known allergies (environmental, medical, food):

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Does your child wear contacts or eyeglasses for vision correction? **Y** or **N**

Would you like a phone call or email from the school nurse before school begins to share additional medical information with her? **Y** or **N**

My child's picture and name may be posted in print or online media? **Y** or **N**

Does your child need bus transportation? **Y** or **N**

Does your home have internet access? **Y** or **N**

My child may take his chromebook home (6th-12th grade students)? **Y** or **N**  
*(signed copies of the AUP & Chromebook policy is required for students NEW to district)*

Child's Day Care Before School: \_\_\_\_\_

Child's Day Care After School: \_\_\_\_\_