

Mercer School District Registration

Student's Name: _____ Date of Birth: _____
(Last) (First) (Middle)

Gender: _____ Grade/Teacher: _____ Bus #: _____

PARENT INFORMATION

Mother	Father
Name: _____	Name: _____
Street: _____	Street: _____
City, State, Zip: _____	City, State, Zip: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
E-mail: _____	E-mail: _____
<input type="checkbox"/> Child Resides With – Please Check	<input type="checkbox"/> Child Resides With – Please Check

Emergency Contact – Other Than Parents:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____