

STUDENT PRE-REGISTRATION FORM

Welcome to SAU 41! Please complete the following information so we can begin the pre-registration enrollment process. Upon submission, of this form, you will be required to complete our official registration through **PowerSchool Registration**, our online student registration software.

Name Grade School Name Grade School	Today's Date:	//	Date to Begi	Date to Begin School:/ Grade Entering School:							
Date of Birth:	Name:										
City State Ethnicity: Caucasian Asian Black/AFRICAN AMERICAN HISPANIC NATIVE AMERICAN/ALASKAN Home Phone: Home Address: Street Town Previous School: Name Address Phone Parent/Guardian Name: Relationship: Address: Living with: Y N Cell phone: Employer: Married SEPARATED DIVORCED WIDOWED SINGLE PARENT OTHER Parent/Guardian Name: Relationship: Address: Living with: Y N Cell phone: Parent/Guardian Name: Relationship: Address: Living with: Y N Cell phone: Work/Day Phone: Email: Employer: Living with: Y N Cell phone: Work/Day Phone: Email: Employer: Widowed Single Parent OTHER Parent/Guardian Name: Relationship: Address: Living with: Y N Cell phone: Work/Day Phone: Employer: Living with: Y N Cell phone: Relationship: Address: Living with: Y N Cell phone: Parent/Guardian Name: Relationship: Address: Living with: Y N Cell phone: Parent/Guardian Name: Relationship: Address: Living with: Y N Cell phone: Parent/Guardian Name: Relationship: Address: Living with: Y N Cell phone: Parent/Guardian Name: Relationship: Address: Living with: Y N Cell phone: Parent/Guardian Name: Relationship: Address: Living with: Y N Cell phone: Parent/Guardian Name: Relationship: Address: Living with: Y N Cell phone: Parent/Guardian Name: Relationship: Address: Living with: Y N Cell phone: Parent/Guardian Name: Relationship: Address: Living with: Y N Cell phone: Parent OTHER Cell phone: Parent	Last		First		Middle		Preferred				
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Home Phone:							State				
Street Town	•				ERICAN 🔲 I	HISPANIC	□ NAT	IVE AMER	ICAN/A	ALASKAN	
Previous School: Name	Home Phone:		Home	Address:							
Parent/Guardian Name: Relationship: Address: Living with: Y N Cell phone: Work/Day Phone: Email: Employer: Markiel Status: M			Street					Town			
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For Office Use Only	Name	Grade	School	N	ame	Grad	de	5	School		
	Name	Grade	School	N	ame	Grad	de		School	<u> </u>	
☐ Proof of Residency Received ☐ Parenting Plan of N/A ☐ Special Education Records Received of N/A	For Office Use Only			e: Di Ne		0				1 1/4	
☐ Copy of Birth Certificate Received ☐ Immunizations Received ☐ Report Card/Transcript Received		-		_		•				ea or N/A	