

REGISTRATION FORM

Student Name: _____, _____, _____
(Last) (First) (Middle)

Preferred Name: _____ SS# _____ - _____ - _____

Race (circle): B W A H Native American Other _____ Gender (circle): M F

Date of Birth: _____ - _____ - _____ Grade : _____

Subdivision: _____ (circle): Own/Lease Lease expires: _____

Street Address: _____ City _____ Zip _____

Primary Phone Number: _____

Parent/Guardian Information:

Last Name (Mother) _____ First _____ MI _____

Home # _____ Work# _____ Cell # _____

Address if different from child: _____

Place of Employment: _____ Occupation: _____

Email address: _____

Last Name (Father) _____ First _____ MI _____

Home # _____ Work# _____ Cell # _____

Address if different from child: _____

Place of Employment: _____ Occupation: _____

Email Address: _____

Child lives with (circle): Both parents Mother Father Other

If other, please list name and relationship: _____

	Name	Date of Birth	Grade	School
<u>Siblings:</u>	_____	____/____/____	_____	_____
(Include all siblings even those not of school age)	_____	____/____/____	_____	_____
	_____	____/____/____	_____	_____

Special Services (circle): Gifted Sped-IEP Speech-IEP ELL

Life Threatening Allergy: _____

Emergency Contacts authorized to check out your child (in addition to parent/guardian):

1. _____ relationship _____ phone # _____

2. _____ relationship _____ phone # _____