

MUES Registration Information

Student Name _____

Last

First

Middle

Preferred Name: _____

Social Security Number _____ - _____ - _____

Race(circle): B W A H Native American

Other _____

Gender (circle) M F

Hispanic/Latino Ethnicity: ___ Yes ___ No

Date of Birth: _____

Entering Grade: _____

Special Services (circle):

Gifted

SPED – IEP

Speech – IEP

ELL

Street Address _____

City _____

Zip _____

Subdivision _____

Own/Lease: _____

Lease expires: _____

Student lives with (check all that apply): ___ Mother ___ Father ___ Stepfather ___ Stepmother ___ Other

Mother/Guardian Name _____

Address if different from child _____

Please check primary number to be used for automated calling ___ Home Phone _____

___ Work Phone _____ ___ Cell Phone _____

Place of Employment _____ Occupation _____

E-Mail Address _____

Father/Guardian Name _____

Address if different from child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Place of Employment _____ Occupation _____

E-Mail Address _____

Siblings, grade, DOB, and school: _____

Emergency numbers and individuals authorized to check out:

1. _____ Relationship _____ Phone # _____

2. _____ Relationship _____ Phone # _____

3. _____ Relationship _____ Phone # _____

***DO NOT RELEASE CHILD TO: _____ (Please provide legal documentation)