

IMPORTANT: PLEASE READ AND FOLLOW INSTRUCTIONS CAREFULLY FOR COMPLETING FIELDS ON THIS FORM
Only one form should be completed per household – School will make a copy for you to deliver to other schools if needed to register additional students

PIERCE COUNTY SCHOOLS

Family Registration Form (Only one form per household)

Note: If more than one additional address applies to student(s) within the primary household, please see Registrar for additional instructions.

SECTION 1: Primary Household (Household in which students on this form reside the majority of the time)

Mailing Address _____ Physical Address _____
City _____ State _____ Zip Code _____ Primary Telephone Number _____
(If only cell phones are used, please provide primary number at which you wish to be contacted.)

Primary Household Parent/Guardian 1:

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

Email Address: _____

Employer: _____ Work Phone: _____

Cell Phone: _____ DOB _____

Pick Up Restrictions: _____

*****Unless otherwise noted, all parent / guardians shall be allowed to pick up students without further contact with registering parent.***

Primary Household Parent/Guardian 2:

Spouse _____
(Last) (First) (Middle)

Email Address: _____

Employer: _____ Work Phone: _____

Cell Phone: _____ DOB _____

Pick Up Restrictions: _____

*****Unless otherwise noted, all parent / guardians shall be allowed to pick up students without further contact with registering parent.***

SECTION 2: Secondary Household Address, if applicable (Applies to parent(s) not living at the same residence as students)

Mailing Address _____ Physical Address _____
City _____ State _____ Zip Code _____ Primary Telephone Number _____

Secondary Household Parent/Guardian 1:

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

Email Address: _____

Employer: _____ Work Phone: _____

Cell Phone: _____ DOB _____

Pick Up Restrictions: _____

*****Unless otherwise noted, all parent / guardians shall be allowed to pick up students without further contact with registering parent.***

Secondary Household Parent/Guardian 2:

Spouse _____
(Last) (First) (Middle)

Email Address: _____

Employer: _____ Work Phone: _____

Cell Phone: _____ DOB _____

Pick Up Restrictions: _____

*****Unless otherwise noted, all parent / guardians shall be allowed to pick up students without further contact with registering parent.***

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SECTION 3: Student Information

****Please provide the names of all STUDENTS WHO RESIDE in the primary household, along with date of birth and the relationship to each Parent/Guardian (i.e., son, daughter, step-son, step-daughter, granddaughter, grandson, sister, brother, etc.) Do not list students who reside in a secondary household.**

First Name	Middle Name	Last Name	DOB	*What is this the relationship of this Parent/Guardian #1 listed on the opposite side of this form in the Primary Household and this student?	* What is this the relationship of this Parent/Guardian #2 listed on the opposite side of this form in the Primary Household and this student?	What is this the relationship of this Parent/Guardian #1 listed on the opposite side of this form in the Secondary Household and this student?	What is this the relationship of this Parent/Guardian #2 listed on the opposite side of this form in the Secondary Household and this student?

In accordance with the Family Educational Rights and Privacy Act (FERPA), natural parents, legal guardians, and eligible students have a right to request copies of all educational records. This includes the right of non-custodial parents to request an Infinite Campus Portal account for the purpose of reviewing student grades and attendance. If there are custody issues that prevent a natural parent or legal guardian from having access to the educational records of the students listed above, court documentation must be provided.

SECTION 5: Emergency Contacts also allowed to pick up your student

****The following additional people have permission to pick up my child(ren) from school without further contact from me: (If registering more than one student and emergency contacts differ, please see Registrar.)**

	CONTACT ONE	CONTACT TWO	CONTACT THREE
Name:			
Phone #s:			
Relationship:			
	CONTACT FOUR	CONTACT FIVE	CONTACT SIX
Name:			
Phone #s:			
Relationship:			

Signature of Person Completing Form: _____ Printed Name: _____ Date: _____