

STUDENT REGISTRATION

Student's Name _____
Last First Middle

Age _____ Sex _____ Social Security Number _____

Street Address _____ P.O. Box _____

County of Residence _____ Township of Residence _____

Proof of residency (*verified by administrator*) Drivers License Utility bill Other
 Renters Receipt or Agreement Property Tax Receipt Voter Registration Card

Date of Birth ____/____/____ Place of Birth _____

Mother's Name _____ Father's Name _____

Parent Marital Status _____ Birth Certificate Y/N _____ Immunizations Complete Y/N _____

Stepfather _____ Stepmother _____

Guardian Name _____ Relationship to Student _____

Mom Cell#() _____ Dad Cell#() _____

Mom Work#() _____ Dad Work#() _____

With whom does the child reside _____ Best contact # _____

Grade student is enrolling in _____ Has your child been expelled or suspended? _____

Racial Ethnic Group: (Please circle one)

- A. American Indian/Alaskan Native
- B. Asian American
- C. Black or African/American
- D. Native Hawaiian or Other Pacific Islander
- E. White
- F. Hispanic or Latino

Has your child been receiving special services? If so please explain: _____

*In case of an accident or serious illness I request the school to contact me.
If the school is unable to reach me please notify the following or call 911*

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Does your child take any special medication? If so please list all medications: _____

Does your child have an illness of any kind we should know about? If so how should we handle it? _____

Signature of parent

Date

Signature of parent

Date