



Vanderbilt Area School

Student Registration Form

Student Name: _____

Last

First

Middle

Age:

Sex:

Social Security
Number

Street
Address: _____

P.O. Box

County of
Residence _____

Township of
Residence _____

Proof of Residency Documents

- Drivers License
- Utility Bill
- Renters Receipt or Agreement
- Property Tax Receipt
- Voter Registration Card
- Other

Date of Birth:

Place of Birth: _____

Mother's Name: _____

Father's Name: _____

Parent Marital Status _____

Birth Certificate

- Yes
- No

Immunizations Complete

- Yes
- No

Stepfather	_____	Stepmother	_____
Guardian Name	_____	Relationship	_____
Mom Cell #	_____	Dad Cell #	_____
Mom Work #	_____	Dad Work #	_____
With whom does the child reside?	_____	Best Contact #	_____
Grade student enrolling in?	_____		

Has your child been expelled or Suspended?

<input type="checkbox"/> Yes <input type="checkbox"/> No

Racial Ethnic Group
(Please check one)

- American Indian/Alaskan Native
- Asian American
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Hispanic or Latino

Has your child been receiving Special Services? 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 medications? 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