

School Name:

SY 2018-19 Student Registration Form

School Office Use Only

Student ID

State ID

Grade

Student Demographics

	<i>Previously collected information appears in the gray boxes. To add or change any information listed below please write in the column next to gray box.</i>	
First Name		
Middle Name		
Last Name		
Date of Birth		
Gender		
Medicaid# (if applicable)		
Home Address		
City/ Zip		
Mailing Address		
City/ Zip		
Home Phone		

Is this student Hispanic or Latino? Yes ☐ No ☐

Race (*Please check all that apply*) Asian ☐ Black or African American ☐ White ☐

American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐

Parent/Guardian Information

With whom does the student live? (*Please check appropriate box*): Both Parents ☐ Mother Only ☐

Father Only ☐ Guardian ☐ Foster ☐ Other ☐ (Please specify relationship) _____

(Please note: If not parent, Proof of Legal Guardianship must be attached.)

Proof of Residence Items: (School Office Use Only)

E911 Address: _____

City _____ Zip _____

Picture ID of Parent: Yes _____ No _____

Current Light Bill _____ Affidavit (if necessary) _____

Zoned School Yes _____ Comment _____

School Official Signature _____

*Please continue on
the back of this form*

over

Does the student have and IEP or 504? Yes ____ No ____

(Parent/Guardian Information Continued)

Father’s Name: _____
Father’s Employment: _____
Father’s Day Phone #: _____
Father’s Home Telephone #: _____
Father’s Cell #: _____
Father’s e-mail address: _____

Mother’s Name: _____
Mother’s Employment: _____
Mother’s Day Phone #: _____
Mother’s Home Telephone #: _____
Mother’s Cell #: _____
Mother’s e-mail address: _____

Guardian’s Name: _____ Relationship _____
Guardian’s Employment: _____
Guardian’s Day Phone #: _____
Guardian’s Home Telephone #: _____
Guardian’s Cell #: _____
Guardian’s e-mail address: _____

TO SCHOOL: **Car rider:** _____ **Walker:** _____ **Bus** _____
FROM SCHOOL: **Car rider:** _____ **Walker:** _____ **Bus:** _____

Directions to Home _____

I HAVE REVIEWED THIS INFORMATION AND MADE CORRECTION AS NEEDED.

SIGNATURE

DATE

PRINT NAME: _____

RELATIONSHIP TO STUDENT _____

School Official

Update in Power School by:

SIGNATURE

DATE

SIGNATURE

DATE

PRINT NAME: _____

PRINT NAME: _____

EMERGENCY CONTACT LIST

Student's Name

DOB

School

Primary contact should be Parent or Guardian. If necessary other contacts will be called in the order listed.

Primary Contact Name

Primary Contact Relationship

Primary Contact Phone #

Home _____

Work _____

Cell _____

Contact Name #2

Contact Relationship #2

Contact Phone #2

Home _____

Work _____

Cell _____

Contact Name #3

Contact Relationship #3

Contact Phone #3

Home _____

Work _____

Cell _____

Contact Name #4

Contact Relationship #4

Contact Phone #4

Home _____

Work _____

Cell _____

Please list first and last name of other siblings attending this school:

Please contact the school office when a contact number is no longer in use.