



Student Registration Form

Date: _____

STUDENT INFORMATION

First Name: _____

SS#: _____

Middle Name: _____

Grade: _____ Sex: _____ Race: _____

Last Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

CONTACT INFORMATION

Parent/Guardian/Foster Care #1 – Relation to Student: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Employer: _____ Employer Phone #: _____

Email Address: _____

Parent/Guardian/Foster Care #2 – Relation to Student: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Employer: _____ Employer Phone #: _____

Email Address: _____

Emergency Contact other than listed above - Relation to Student: _____

First Name: _____ **Last Name:** _____

Home Phone Number: _____ **Cell Phone Number:** _____

Emergency Contact #2 other listed above - Relation to Student: _____

First Name: _____ **Last Name:** _____

Home Phone Number: _____ **Cell Phone Number:** _____

MILITARY INFORMATION

Check all that apply:

Custodial Contact - Active Duty **National Guard**

TRANSFER INFORMATION

Name of School the Student is transferring from: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

School Phone Number: _____ **School Fax Number:** _____

If your child is enrolling in Kindergarten, please indicate services received prior to today:

Daycare **Family Care** **Headstart** **Home** **Pre-K Public** **Pre-K Private**

Name of Provider/Business: _____

Address: _____

ADDITIONAL INFORMATION

Is your child in any special classes? _____ (Art, SpEd, Gifted, etc...)

Has your child ever been retained? _____ **If yes, indicated grade level.** _____

Is this student in the Foster Care or considered homeless? **Foster Care (CPS)** **Homeless**

Is there any medical information we need to know about? Please explain.

