

SCHOOL DISTRICT OF PHILLIPS

Student Registration Form				Date:
STUDENT LEGAL NAME (Last)		(First)	(Middle)	
DATE OF BIRTH	STUDENT CELL PHONE NUMBER		SEX (Circle one) MALE FEMALE	GRADE ENTERING
BIRTH CITY	BIRTH COUNTY	BIRTH STATE	VEHICLE REGISTRATION (PHS only) Make & Model: _____ Plate #: _____	SIBLINGS (Name & Age) 1. _____ 2. _____ 3. _____ 4. _____
RACE (Select at least one) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander				
ETHNICITY (must be answered) <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino		Does your child need Special Education services? <input type="checkbox"/> No <input type="checkbox"/> Yes, Specify _____		
HOME LANGUAGE SURVEY Is a language other than English spoken in the home on a regular basis? <input type="checkbox"/> No <input type="checkbox"/> Yes – Please Specify _____ Does the student use language other than English on a regular basis? <input type="checkbox"/> No <input type="checkbox"/> Yes – Please Specify _____ Is the student currently receiving "English Language Learner" <input type="checkbox"/> No <input type="checkbox"/> Yes		STATUS OF HOME – STUDENT IS LIVING WITH <input type="checkbox"/> Mother and Father (joint household) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother and Father <input type="checkbox"/> Stepfather and Mother <input type="checkbox"/> Foster Parents <input type="checkbox"/> Legal Guardian appointed by the court (must have legal document) <small>*Note, in cases where both biological/legal parent are alive but separated or divorced, it is important we have the data for all parental adults. School mailings will be sent to both adults/households unless we are informed otherwise.</small>		

PARENTS/GUARDIANS
 Please answer the following questions:
 Is either parent or guardian on active duty in the military? No Yes
 Is either parent or guardian a traditional member of the Guard or Reserve? No Yes
 Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? No Yes

MOTHER NAME		ADDRESS	
HOME PHONE	CELL PHONE	EMAIL ADDRESS (will be used for communications)	
EMPLOYER		WORK PHONE	

FATHER NAME		ADDRESS	
HOME PHONE	CELL PHONE	EMAIL ADDRESS (will be used for communications)	
EMPLOYER		WORK PHONE	

STEP-PARENT NAME		ADDRESS	
HOME PHONE	CELL PHONE	EMAIL ADDRESS (will be used for communications)	
EMPLOYER		WORK PHONE	

STEP-PARENT NAME		ADDRESS	
HOME PHONE	CELL PHONE	EMAIL ADDRESS (will be used for communications)	
EMPLOYER		WORK PHONE	

OTHER GUARDIAN NAME		ADDRESS	
HOME PHONE	CELL PHONE	EMAIL ADDRESS (will be used for communications)	
EMPLOYER		WORK PHONE	

RELATIONSHIP TO STUDENT

SCHOOL DISTRICT OF PHILLIPS

HEALTH CONDITIONS (asthma, allergies, etc)

PREVIOUS SCHOOL DISTRICT (Name and Address)

EMERGENCY CONTACTS (PLEASE LIST CONTACTS WHO ARE NOT PARENTS OR GUARDIANS)

In the event of an emergency and the adults listed previously cannot be reached, who should be contacted to make decisions about the well-being of your child?
Only include individuals within our immediate vicinity.

Name	Relationship	Home Phone/Work Phone/Cell Phone
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1.

2.