

# REGISTRATION FORM

STUDENT NAME: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

(LAST)

(FIRST)

(MIDDLE)

PREFERRED NAME: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

RACE (Circle): **B W A H Native American Other** \_\_\_\_\_ Gender (Circle): **M F**

DATE OF BIRTH: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ GRADE: (21/22) \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ (Circle): **OWN / LEASE** LEASE EXPIRES: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY PHONE NUMBER: \_\_\_\_\_

## PARENT/ GUARDIAN INFORMATION:

LAST NAME (**MOTHER**) \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

CELL # \_\_\_\_\_ WORK # \_\_\_\_\_ HOME # \_\_\_\_\_

ADDRESS IF DIFFERENT FROM CHILD : \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

LAST NAME (**FATHER**): \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

CELL # \_\_\_\_\_ WORK # \_\_\_\_\_ HOME # \_\_\_\_\_

ADDRESS IF DIFFERENT FROM CHILD : \_\_\_\_\_

PLACE OF EMPLOYMENT : \_\_\_\_\_ OCCUPATION : \_\_\_\_\_

EMAIL ADDRESS : \_\_\_\_\_

CHILD LIVES WITH (Circle): **BOTH PARENTS MOTHER FATHER OTHER**

IF OTHER, PLEASE LIST NAME AND RELATIONSHIP : \_\_\_\_\_

## SIBLINGS : (INCLUDE ALL SIBLINGS EVEN THOSE NOT OF SCHOOL AGE)

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

SPECIAL SERVICES (Circle): **GIFTED SPED-IEP SPEECH-IEP ELL**

LIFE THREATENING ALLERGY : \_\_\_\_\_

## EMERGENCY CONTACTS AUTHORIZED TO CHECK IN AND CHECK OUT YOUR CHILD:

(IN ADDITION TO PARENT/ GUARDIAN)

1. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE# \_\_\_\_\_

2. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE# \_\_\_\_\_

TO HELP US IN THE PLACEMENT OF YOUR CHILD, ON THE BACK OF THIS PAGE, PLEASE TELL US ABOUT YOUR CHILD'S PERSONALITY, LEARNING STYLES, SOCIAL SKILLS AND ACADEMIC STRENGTHS.