PLEASE PRINT

Madison Crossing Elementary 2017-2018 New Student Registration Information

Homeroom

Student Name					Date
	LAST	FIRST	MID	DLE	
Preferred Name			Social Security #		
Race	Sex	Date of	Birth		Grade Entering
PRIMARY PHONE N (This number will be use		regarding Inclement \	Weather, Early Dismissal,	. Delayed Start, etc.))
Street Address					
Subdivision					Zip
Mother/Guardian N	lame				
Employer					
Home #				Cell #	
Email					
Father/Guardian Na	ame				
Employer					
				Cell #	
Email					
Name of siblings, gr					
	(other than parent		eck In-Out:		
	(Relationship	to Student
					to Student
Health problems/all	ergies/medication	s			
Previous school or d	laycare				