

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: (23/24) _____

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 _____

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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.

