

STUDENT REGISTRATION INFORMATION FORM

OFFICE USE ONLY

ID# _____
School _____
Grade _____ Homeroom _____
Academic Year _____

PARENT E-MAIL _____

STUDENTS

LEGAL NAME _____ SOC SEC NO. _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP CODE PHONE #

COUNTY _____ MALE _____ FEMALE _____ LANGUAGE SPOKEN AT HOME _____

ADDRESS MAIL TO: _____ STUDENT RESIDES WITH _____
MR./MRS./MS.

STUDENT'S DATE OF BIRTH _____ STUDENTS PLACE OF BIRTH _____
MO DAY YEAR COUNTY CITY STATE

GUARDIAN (1) NAME _____ HOME ADDRESS (Other Than Students) _____

RELATIONSHIP _____ PHONE #1 _____

PLACE OF EMPLOYMENT _____ PHONE #2 _____

GUARDIAN (2) NAME _____ HOME ADDRESS (Other Than Students) _____

RELATIONSHIP _____ PHONE #1 _____

PLACE OF EMPLOYMENT _____ PHONE #2 _____

(Optional) Is the parent and/or guardian a member of the military regardless of status? _____ Yes _____ No
If yes, what branch and status? _____

FOR EMERGENCY USE – UPDATE YEARLY

“ATTENTION PARENTS: MUST BE UPDATED AND SIGNED YEARLY.”

IF UNABLE TO CONTACT PARENTS IN CASE OF EMERGENCY OR ILLNESS, WHOM SHALL WE CALL AND TO WHOM MAY WE RELEASE YOUR CHILD?

1. _____ PHONE #1 _____
(Emergency Contact Person – Other than Parent) PHONE #2 _____
2. _____ PHONE #1 _____
(Emergency Contact Person – Other than Parent) PHONE #2 _____

OTHER CHILDREN IN THE FAMILY:

NAME	SCHOOL ATTENDING	GRADE

OTHER PERSONS LIVING IN THE HOME _____
RELATIONSHIP TO STUDENT _____

SCHOOL LAST ATTENDED (If not District #427) _____ NEW STUDENTS ONLY – HAS STUDENT BEEN ENROLLED IN DISTRICT #427 BEFORE? IF SO, WHAT SCHOOL? _____

The above information is correct to the best of my knowledge _____

SIGNATURE OF PARENT OR GUARDIAN

DATE