



REGISTRATION FORM

School:
Entry Date:
Teacher:
School Year:
GTID# :

SSN: - - Student's Legal Name: Last First Middle Grade:

Home Address: City, State, Zip:

Home Phone: ( ) Native Language:

Date of Birth: / / Place of Birth: Sex: Male Female

Racial/Ethnic Category: White Black Asian Pacific Islander Indian Multi Race (2 or more) Not Specified

Is Student a U.S. Citizen? Yes No Is Student eligible for Special Education\ESOL Services? Yes No

Student Lives With: Both Parents Mother Stepmother Grandparent(s)
(check all that apply) Foster Parent(s) Father Stepfather Other:

Table with 3 columns: List Students Brothers and Sisters, Birthday, If in school give school/grade

Previous School Attended: School Name Address City, State, Zip Grade:

Transportation to School Bus # Car Rider
Transportation from School Bus # Car Rider After School Program/Yes Program

Mother's Name: Last First Middle

Home Address: Phone:

Cell Phone:

Occupation: Employer: Work Phone:

Father's Name: Last First Middle

Home Address: Phone:

Cell Phone:

Occupation: Employer: Work Phone:
Parent E-Mail Address:

EMERGENCY CONTACTS / PEOPLE AUTHORIZED TO PICK STUDENT UP (If parents cannot be reached):

Name: Relationship: Phone:

Name: Relationship: Phone:

Name: Relationship: Phone:

Name and Phone Number of Family Physician: Phone:

Does student have any known allergies or acute illnesses (such as diabetes, epilepsy, asthma, etc)? Yes No
Explain:

Parent/Guardian Signature: Date: