Registration Information
2024-2025

First _____ Middle _____ Legal Last Name _____
Birth Date _____ Birth Place _____ State_____
Grade Level _____ Gender M-F email address _____

Student lives with: Both Parents, Mother/Stepfather, Father/Stepmother and Mother only, Father only, Grandparents, Guardian, Foster, Other _____
First name of Parent/Guardian 1_____
Last name of Parent/Guardian 1_____Work #_____.
Parent/Guardian 1 Place of Employment_____.
First name of Parent/Guardian 2_____
Last name of Parent/Guardian 2_____Work #_____
Parent/ Guardian 2 Place of Employment_____.

Students Mailing Address_____City_____Zip_____
Student Resident Address_____ City_____Zip_____
Cell #_____

Household 2 First Name_____ Last Name_____
Household 2 Mailing Address_____City_____Zip_____
Household 2 Resident Address_____ City_____Zip_____
Household 2 Phone #_____ Cell #_____

School History

Last School Attended_____Grade_____
Has your child ever been retained? Yes/No; Grade_____ Year_____
Has your child ever been screened or processed for Special Education Placement but never enrolled in a class? Yes/No
Has your child ever been in a Special Education Class?

- Math Yes/No Grade_____ School District_____
- Reading Yes/No Grade_____ School District_____
- Speech Yes/No Grade_____ School District_____

Emergency Information

Daycare_____ Phone #_____
Emergency Contact Person_____Phone #_____
Alternative Person_____ Phone #_____
Alternative Person_____ Phone #_____
Alternative Person_____ Phone #_____

Parent/Guardian Signature_____ Date_____

District ID # _____ SSID# _____