

2020/2021 REGISTRATION FORM

Grade \_\_\_\_\_ Section \_\_\_\_\_

Walker \_\_\_\_\_ Bus \_\_\_\_\_ Latchkey \_\_\_\_\_

Parent Drop Off/Pickup \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone # \_\_\_\_\_ (check here if unlisted \_\_\_\_\_)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth (City/County) \_\_\_\_\_ (State) \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Sex: Male\_\_ Female\_\_ Race: Asian\_\_ Black\_\_ Hispanic\_\_ Native American\_\_ White\_\_ Other\_\_

**Please check the appropriate box below and complete the information indicating only those relatives that the child lives with:**

(Lives with) Father's Name \_\_\_\_\_ Employer \_\_\_\_\_ Phone # \_\_\_\_\_

(Lives with) Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_ Phone # \_\_\_\_\_

(Lives with) Stepparent's Name \_\_\_\_\_ Employer \_\_\_\_\_ Phone # \_\_\_\_\_

(Lives with) Other \_\_\_\_\_ Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian's e-mail address \_\_\_\_\_ Parent/Guardian's Cell Phone \_\_\_\_\_

Is either Parent/Guardian a member of the U.S. Armed Forces? Yes or No

Is either Parent/Guardian deployed or expect to be deployed in the next year? Yes or No

List all medication and health conditions (For example, allergies, medication needed during school hours, etc) below:

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_ Preferred Hospital \_\_\_\_\_ Medicare # \_\_\_\_\_

Insurance Information \_\_\_\_\_

Alternate Persons to be notified in case of accident/illness and may be released to:

1) Name \_\_\_\_\_ Relationship to student \_\_\_\_\_ Phone # \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship to student \_\_\_\_\_ Phone # \_\_\_\_\_

3) Name \_\_\_\_\_ Relationship to student \_\_\_\_\_ Phone # \_\_\_\_\_

What school and city/state did he last attend?

Other children living in the home

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

I request that my child be eligible to participate in the State textbook loan program at no cost. Yes \_\_\_\_\_ No \_\_\_\_\_

I give permission for my child's photo/name to be released in publications, videos, and social media. Yes \_\_\_\_\_ No \_\_\_\_\_

I give permission for my child to participate in counseling services. Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

**-- FOR OFFICE USE ONLY --**

**TEXT BOOK \$90.00**

**LOCK FEE \$4.00**

**GYM SUIT \$15.00**

**TOTAL**

**COMPLIANCE**

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