

Student's Legal Name: \_\_\_\_\_ Sex: M F  
Last First Middle  
Birthdate: (mm/dd/yy) \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Last School Attended: \_\_\_\_\_

**Race: Federal rules require that registration/enrollment forms must now use a two-part question.**

- 1. Is this student Hispanic or Latino? (Choose only one) \_\_\_ No, not Hispanic or Latino \_\_\_ Yes, Hispanic or Latino
- 2. Is this student : (You must select at least one.) \_\_\_ American Indian or Alaska Native (Tribe: \_\_\_\_\_) \_\_\_ Asian \_\_\_ White  
\_\_\_ Black or African American \_\_\_ Native Hawaiian or Other Pacific Islander

Place of Birth: City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

**Parent/Guardian Information:** Student lives with: \_\_\_ Mother/Guardian \_\_\_ Father/Guardian \_\_\_ Both \_\_\_ 50/50

Father's Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Employer Name/Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Busing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Fire Number: \_\_\_\_\_ Township: \_\_\_\_\_ Bus Driver: \_\_\_\_\_ No. of Miles from School: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Employer Name/Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Busing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Fire Number: \_\_\_\_\_ Township: \_\_\_\_\_ Bus Driver: \_\_\_\_\_ No. of Miles from School: \_\_\_\_\_

**Is this student involved in any expulsion process or behavioral proceedings in another School or District?** \_\_\_ Yes \_\_\_ No **If yes, where?** \_\_\_\_\_

**Siblings/Family Members in household under the age of 18:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Emergency Contacts: List name and daytime phone numbers of two people to contact if parents/guardians are not available.**

Name#1 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Numbers \_\_\_\_\_

Name#2 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Numbers \_\_\_\_\_

Health factors/allergies school should be aware of \_\_\_\_\_

Is student covered by Health Insurance? \_\_\_ No \_\_\_ Yes Name of Insurance Company \_\_\_\_\_

If emergency treatment is required and parent/guardian cannot be reached immediately the school authorities will use their own judgement in calling an ambulance.

**Custodial Parent/Legal Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_