

SUMMER SCHOOL 2020 REGISTRATION FORM

Section I: Student Information (Legal Name must be used, Student and Parent) PRESENT SCHOOL _____

Student Name: _____ DOB: _____ Grade: _____

Gender: _____ Ethnic: _____ Home Phone: _____ County: _____

Address: _____ City, State & ZIP: _____ Township: _____

Birth City: _____ Birth State: _____ Birth County: _____

Birth Country: _____ Entry date into US: _____ Reentry date in US: _____

State of school in US: _____

Ethnicity: (must choose one) _____ Hispanic or Latino _____ Not Hispanic or Latino

Federal Race: (must select one or more of the following that apply to this student). Please circle all that apply

1 - American Indian or Alaskan Native, 2 - Asian, 3 - Black or African American, 4 - Native Hawaiian or Other Pacific Islander, 5 - White

Language Spoken at Home: _____ First Language Learned: _____

Child resides with (mark one): ☐ Both Parents (same household) ☐ Mother only ☐ Father only ☐ Guardian ☐ Foster ☐ Joint Custody

Section II: Guardian Information

FAMILY 1 INFORMATION

Guardian 1 Name: _____

Relation to Student: _____

Address: _____

City, State & ZIP: _____

Employer: _____

City, State & ZIP: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Spoken Language: _____

Email address: _____

Guardian 1 Spouse: _____

Relation to Student: _____

Employer: _____

City, State & ZIP: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Spoken Language: _____

Email address: _____

FAMILY 2 INFORMATION

Guardian 2 Name: _____

Relation to Student: _____

Address: _____

City, State & ZIP: _____

Employer: _____

City, State & ZIP: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Spoken Language: _____

Email address: _____

Guardian 2 Spouse: _____

Relation to Student: _____

Employer: _____

City, State & ZIP: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Spoken Language: _____

Email address: _____

Guardian 2 Receives Forms: Yes No

Guardian 2 Receives Report Card: Yes No

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Section III Family Information

Siblings

Siblings Date of Birth

Section IV Busing Information (Rural students only)

☐ Check this box if your student will ride the bus at least once during the school year.

Section V Emergency Information – this should be a person other than parent (Parent/Guardian will be contacted first)

Emergency 1:

Address:

Phone:

2nd Phone: () -

3rd Phone: () -

Relation:

Emergency 2:

Address:

Phone:

2nd Phone:

3rd Phone:

Relation:

Emergency 3:

Address:

Phone:

2nd Phone:

3rd Phone:

Relation:

Section VI Physician Information:

Physician:

Physician Phone:

Section VII Alert Information on record: Health or special conditions (custodial rights)