

SUMMER SCHOOL 2019 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

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)