

CEDAR BLUFFS PUBLIC SCHOOLS STUDENT REGISTRATION FORM

CURRENT INFORMATION:

Name: _____
Date of Birth: _____
Grade: _____
Ethnicity: _____

HOME ADDRESS:

MAILING ADDRESS:

FATHER'S INFORMATION:

Name: _____
Employer: _____
Work Phone: _____
Home: _____
Cell Phone: _____

MOTHER'S INFORMATION:

Name: _____
Employer: _____
Work Phone: _____
Home: _____
Cell Phone: _____

GUARDIAN'S INFORMATION:

Name: _____
Employer: _____
Work Phone: _____
Home: _____
Cell Phone: _____

Parent/Guardian e-mail address:

IN AN EMERGENCY CALL: (Please list numbers **OTHER** than the parent's work or home number)

(1st Choice)
Name & Number: _____
(2nd Choice)
Name & Number: _____
(3rd Choice)
Name & Number: _____
Family Doctor: _____
Name & Number: _____

HOME LANGUAGE SURVEY:

Is there any language other than English spoken in the home? ____Yes ____No

If yes, please respond to the following question:

Which language did your child learn when he/she first began to talk? _____

If available, in what language would you prefer to receive communication from the school? ____English ____Spanish

Parent/Guardian Signature: _____

Date: _____