



Student Registration Form

Today's Date: _____

Student ID Number: _____

Name of School: _____

Student's Full Name: _____ Nickname: _____

Grade Level: _____ Sex: _____ Male _____ Female Birth Date: _____

Place of Birth: _____ Phone: _____

Home Language: _____

Race: _____ Hispanic Origin _____ White _____ Black/African American _____ Asian

_____ American Indian/Alaskan Native _____ Pacific Islands

Mailing Address: Street Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address: Street Address: _____

City: _____ State: _____ Zip Code: _____

Is your current address a temporary living arrangement? _____ Yes _____ No

Please list all people living in your household:

Proof of Residency: *(Please check type of Verification)* _____ Tax Receipts _____ Driver's License _____ Other

County of Residence: _____

Parent/Guardian Contact Information

Does the student reside in multiple households during the school week? _____ Yes _____ No

If yes, please fill out Family 2 section.

Family 1: (Student lives with)

Primary Parent/Guardian 1

Name: _____ Relationship to Student: _____

Phone 1: _____ Type of Phone: _____ Home _____ Cell _____ Work

Phone 2: _____ Type of Phone: _____ Home _____ Cell _____ Work

Primary Parent/Guardian 2

Name: _____ Relationship to Student: _____

Phone 1: _____ Type of Phone: _____ Home _____ Cell _____ Work

Phone 2: _____ Type of Phone: _____ Home _____ Cell _____ Work

Family 2: (Secondary Family)

Secondary Parent/Guardian 1

Name: _____ Relationship to Student: _____

Phone 1: _____ Type of Phone: _____ Home _____ Cell _____ Work

Phone 2: _____ Type of Phone: _____ Home _____ Cell _____ Work

Secondary Parent/Guardian 2

Name: _____ Relationship to Student: _____

Phone 1: _____ Type of Phone: _____ Home _____ Cell _____ Work

Phone 2: _____ Type of Phone: _____ Home _____ Cell _____ Work

Legal documentation for custody? _____ Yes _____ No *If yes, please provide copies of documentation.*

Please provide a phone number for the Automated Call System: _____

Please provide a phone number for Text Alerts: _____

Family E-mail: _____

Emergency Contact: (This should be someone not already listed)

Name: _____ Relationship to Student: _____

Phone: _____

Name: _____ Relationship to Student: _____

Phone: _____

List below any chronic medical conditions such as allergies, medicines and illnesses or write none.

All new WV students enrolling in Morgan County Schools will participate in screening tests for hearing, vision, speech, and language. Parents/Guardians will be informed if further assessments are required. Specialized services will be provided where children will receive maximum educational benefit as determined by Morgan County Schools.

Parent Signature: _____

Date: _____

Transportation _____ Bus _____ Drive _____ Pick up/Drop off _____ Walk

My child will ride bus #: _____

Describe how to get to your home from the nearest main road:

As required by federal law and regulations, the Morgan County Board of Education does not discriminate on basis of race, color, religion, disability, sex, national origin, and familial status.