

Waverly City Schools Registration Form

Bus # _____ Teacher _____ Grade _____

Student's Legal Name _____ Phone No. _____

Student Address _____

Date of Birth _____ S.S.# _____ Eye Color _____ Male _____ Female _____

Place of Birth (include zip code) _____ No. Brothers _____ No. Sisters _____

School Residence: County _____ Township _____ School District _____

Native Language _____ Is the student Hispanic or Latino? Yes _____ No _____

Student's Race: **You Must Choose At Least One.** (See Guidelines on back)

White _____ Black or African American _____ Asian _____

American Indian or Alaskan Native _____ Native Hawaiian or Other Pacific Islander _____

Father's Name _____ Phone _____ Work Phone _____

Father's Address _____

Father's Occupation _____ Place of Employment _____

Mother's Name _____ (Maiden Name) _____ Phone _____

Mother's Address _____

Mother's Occupation _____ Place of Employment _____ Work Phone _____

Guardian's Name (If any) _____ Phone No. _____

Guardian's Address _____

Guardian's Occupation _____ Place of Employment _____

School Last Attended _____

Address of School _____

Was student ever suspended or expelled? _____ If so, when? _____

Was student in any special programs at this school? If so, what? _____

Speech _____ Reading _____ IEP _____ Other _____

Is there anything special we need to know about this child? _____

In case of emergency, name of relative or neighbor to be contacted in the event you cannot be reached.

Name _____ Phone _____

Address _____

Date _____ Name of Person Giving Information _____