

JOHNSON-BROCK STUDENT INFORMATION FOR REGISTRATION

Name

Last

First

Middle

Sex

Entry Date

Grade Level

PK3 PK4 K 1 2 3 4 5 6 7 8 9 10 11 12

Birth

Month

Day

Year

City

County

State

Birth Evidence - Cert or Other

Residence

Permanent Address

Telephone

Residing With

Social Security Number

- - - - -

Family Data

	Name	Address	Birth <div>State</div> <div>Date</div>		Education	Occupation	<input type="checkbox"/> Father Deceased
Father							<input type="checkbox"/> Mother Deceased
Mother							<input type="checkbox"/> Parrents Married
	Name	Address	Relationship to Student				<input type="checkbox"/> Parents Divorced
Other*						Do you have legal documentation?	<input type="checkbox"/> Yes / No <input type="checkbox"/> Parents Separated

Is this student Hispanic/Latino? Yes / No

What is the student's race?

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

Brothers

Birthdate

Sisters

Birthdate

Others living in the home

Birthdate

*Other

Cell Number

Work Number

Place of Work

Email

What language did the student first learn to speak?

What language is spoken most often by the student?

What language is primarily used in the student's home regardless of the language spoken by the student?

Emergency Contacts

#1

Name

Relationship

Telephone (Work / Home / Cell)

#2

Name

Relationship

Telephone (Work / Home / Cell)

#3

Name

Relationship

Telephone (Work / Home / Cell)

Physician

Name

Clinic

Phone

In case of illness or injury at school, which, in the opinion of the school authorities, requires immediate medical attention, and I cannot be reached by phone, please call the above named family physician. Yes / No

Signature of Parent/Legal Guardian/Custodial Parent

Date