



New Berlin Elementary 2022-2023 Registration Form



Student Information

Last Name: _____ First Name: _____ Middle Name: _____

Gender: _____ DOB: _____ Grade: _____ Place of Birth: _____

(Check one) **American Indian** **Asian** **Black** **Hispanic** **Caucasian** **Multiracial**

Ethnicity Hispanic/Latino Ethnicity

Federal Race American Indian or Alaskan Native Native Hawaiian or
 Asian Other Pacific Islander
 Black or African American White

Please check all boxes above that apply to your child.

Family #1

Guardian #1

Last Name: _____
 First Name: _____
 Relationship to Child: _____
 Email Address: _____
 Primary Phone: _____

Military Connected

Guardian #2

Last Name: _____
 First Name: _____
 Relationship to Child: _____
 Email Address: _____
 Primary Phone: _____

Address: _____

City/State/Zip: _____

Military Connected

Family #2

Guardian #1

Last Name: _____
 First Name: _____
 Relationship to Child: _____
 Email Address: _____
 Primary Phone: _____

Military Connected

Guardian #2

Last Name: _____
 First Name: _____
 Relationship to Child: _____
 Email Address: _____
 Primary Phone: _____

Address: _____

City/State/Zip: _____

Military Connected

Home Language Survey

1. Does anyone in your home speak a language other than English as the primary language?

Yes No

If yes, what language? _____

2. Does your child speak a language other than English as their primary language?

Yes No

If yes, what language? _____