

Seneca Comm. Consolidated Grade School #170

School: _____ Today's Date: _____ Start Date: _____ ID#: _____ Teacher: _____

Student's Legal Name: _____ Grade: _____
First Middle Last

Student Address: _____ City: _____ ZIP: _____
Number Direction Street P.O. Box

Home Phone #1: (____) _____ Birthdate: _____ Gender: _____ Birthplace: _____
Month-Day-Year M or F City/State

Phone #2: _____
Mother's Maiden Name: _____ Was the student born in the United States? _____

Hispanic/Lantino (Choose only one) ___ No, not Hispanic/Latino ___ Yes, Hispanic/Latino

Race: (Choose one or more) White: ___ Black: ___ Asian: ___ Amer. Indian/Alaskan: ___ Pacific Islander: ___

Student's Primary Language: _____ Language used at home: _____ Language used by student: _____

School Transportation: _____ Before and /or After School Care: _____
Bus/Walk/Car Name of Provider and Phone Number

Student Resides With (at address above):

Family Status: Married ___ Divorced ___ Separated ___ Single ___ Widowed ___ Other _____

ADULT 1 Name: _____ Relationship: _____ Legal Custody: _____

Highest Grade Completed in School: _____ Work: _____
Employer Town Occupation

Work Phone: _(____) _____ Cell Phone: _(____) _____

E-Mail Address: _____ Language spoken other than English: _____

ADULT 2 Name: _____ Relationship: _____ Legal Custody: _____

Highest Grade Completed in School: _____ Work: _____
Employer Town Occupation

Work Phone: _(____) _____ Cell Phone: _(____) _____

E-Mail Address: _____ Language spoken other than English: _____

Other Parent Student Does Not Reside With: Send Mailing? Yes ___ No ___

ADULT 3 Name: _____ Relationship: _____ Legal Custody: _____

Highest Grade Completed in School: _____ Work: _____
Employer Town Occupation

Work Phone: _(____) _____ Cell Phone: _(____) _____

Home Address: _____ Home Phone: _(____) _____
Number/Street City/State/Zip

EMERGENCY NAMES: In Case parent/guardian cannot be reached, what LOCAL resident(s) may we call?

Name1: _____ Relation to student: _____ Home Phone: (____) _____

Work Phone: _(____) _____ Cell Phone: _(____) _____

Name2: _____ Relation to student: _____ Home Phone: (____) _____

Work Phone: _(____) _____ Cell Phone: _(____) _____

Previous School Attended: _____
Name City-State

Did your student receive special services/programs at their previous school? _____
Speech/TPI/TBE/IEP/Gifted/Title I/Other

Child Information: Enrolled in Kid Care Enrolled in Medicaid High Risk Birth Developmentally Delayed
 Enrolled in Early Head Start Involved with Social Services Agencies
 Receiving Early Intervention None of the Above

Has the student ever attended Seneca Com. Consolidated Grade School #170 in the past? Yes No

SIBLINGS:

NAME _____ School _____ Gender _____ Birthdate _____

NAME _____ School _____ Gender _____ Birthdate _____

NAME _____ School _____ Gender _____ Birthdate _____

NAME _____ School _____ Gender _____ Birthdate _____

NAME _____ School _____ Gender _____ Birthdate _____

WEARS GLASSES: _____ YES _____ NO

WEARS CONTACT LENSES: _____ YES _____ No

MEDICAL INFORMATION (Please list any medical conditions we need to know):

Please Circle One

Yes - No The student has a parent or guardian who is a member of a branch of the armed forces and who is either active or deployed duty during the school year

It is imperative that all items on this registration form are complete. As parent/guardian of the above named student, I affirm that I have completed this form in its entirety and to the best of my knowledge.

SIGNATURE: _____ DATE: _____