

**COLUMBIA SCHOOL DISTRICT  
REGISTRATION FORM**



**STUDENT INFORMATION**  
Please fill in all information requested below for the student being enrolled.

<b>Legal Last Name:</b>	<b>Legal First Name:</b>	<b>Initial:</b>	<b>Gender:</b> M F
<b>Physical Address:</b> (Street Address Not PO Box Number)			
<b>Mailing Address:</b> (PO Box Number)			
<b>City:</b>	<b>Zip:</b>	<b>County of Residence:</b>	
<b>Home Phone:</b>		<b>E-mail Address:</b>	
<b>Birth Date:</b> (Certified birth certificate required at time of registration)			
<b>Ethnic Origin:</b> Is the student of Hispanic/Latino origin? Yes No			
<b>Race:</b> American Indian Caucasian Hispanic African American Asian (Bi-racial please circle those that apply)			
<b>Name of Resident School District:</b>			
<b>If you are not a Columbia School District Resident, have you filed School of Choice paperwork?</b> Y N			
<b>Does Your Child Receive Any Special Education Services:</b> Y N			
<b>What Type?</b> Resource Room Speech/Language Teacher Consultan Occup. Therapy Other			
<b>Medical Conditions:</b> Asthma Diabetes Seizure Disorder Allergies Other:			
<b>Living Arrangements:</b> Single Family Living w/another family In Hotel In Shelter Other			
<b>Photo/videotape Permission</b> Field Trip Permission Directory Information Permission			

**EMERGENCY INFORMATION**  
The following information is very important in case your child has a medical emergency.

<b>Male Head of Household:</b>	<b>Relationship to Student:</b>
<b>Work Phone Number:</b>	<b>Cell Phone:</b>
<b>Female Head of Household:</b>	<b>Relationship to Student:</b>
<b>Work Phone Number:</b>	<b>Cell Phone:</b>
<b>Emergency Contact Other than parent:</b>	<b>Phone Number:</b>

**OFFICE USE ONLY**

<b>Building Assignment:</b>	<b>Student Number:</b>
<b>Entry Date:</b>	<b>Grade Level:</b>
<b>Teacher Assignment:</b>	<b>Name &amp; Address of Last School Attended:</b>
<b>Locker:</b>	
<b>Combination:</b>	
<b>Book Fee Paid:</b> Y N	
<b>Certified Birth Certificate Provided:</b> Y N	<b>City of Birth:</b>
<b>Immunization Records Provided:</b> Y N	
<b>Acceptable Use Policy Signed:</b> Y N	<b>UIC:</b>
<b>Notations:</b>	
<b>Signature of Registering Official:</b>	<b>Date:</b>