School District of Florence County Registration Form

Date:____

	First Name (no nic	knames) Middle	e Birthdate	Male/Female
Home/Cell Phone(s)	Address (both physical and mailing)			
Dated Enrolled:	Last School Attend	ded:		
Ethnicity: BOTH of the follo				
Is this student (Choose one or mor	e, you must select at least one)?	o American Indian or Alaska Nativ o Black or African American		Pacific Islander
Father	Employer	Phone	Email	
Mother	Employer	Phone	Email	
	ne school requires an alternate contact	•		
		Dhono		
2 nd Alternate Contact		PIIONE		
Family Physician List any Allergies or Medical Condit	Phone Perions:	mission for emergency medical tre	atment? O Yes O No	
Family Physician List any Allergies or Medical Condit	Phone Per	mission for emergency medical tre	atment? O Yes O No	
Family Physician List any Allergies or Medical Condit	Phone Per Per Per Per Per Per Per Per Per Pe	mission for emergency medical tre	atment? O Yes O No	

Primary Learning Device Away from School: O Desktop Computer o Laptop Computer o Tablet O Chromebook o Smartphone O None O Other

Primary Learning Device Access: o Shared O Not Shared O Unknown

Primary Learning Device Provider: o School o Personal o Other