

BENTON COMMUNITY CONSOLIDATED SCHOOL DISTRICT #47
STUDENT REGISTRATION
2020-21

Grade _____

Please choose the Academic Instructional Platform that you wish your child to be enrolled in for the 2020-21 school year.

_____ Remote Learning (Fall Semester)

_____ In-Person Instruction

_____ Car rider

_____ Bus rider

STUDENT INFORMATION

First Name _____ Middle Name _____ Last Name _____

Street Address _____
Street City Zip

Mailing Address _____
Street/P.O. Box City Zip

Phone Number _____ Sex _____ Race _____ Grade Level _____

Last School Attended (If not Benton) _____

Street City State Zip

PARENT CONTACT INFORMATION

Father's Name _____ Work Place _____ Work Phone _____

Cell Phone _____ Email Address _____

- | | |
|--|---|
| <input type="radio"/> Is Family Member | <input type="radio"/> Student is visible In-Home Access |
| <input type="radio"/> Is Emergency Contact | <input type="radio"/> Is Custodian |
| <input type="radio"/> Is Responsible for Bill | <input type="radio"/> Receives Mailings |
| <input type="radio"/> Allowed to Pick up Student | <input type="radio"/> Receives Bills |

Mother's Name _____ Work Place _____ Work Phone _____

Cell Phone _____ Email Address _____

- | | |
|--|---|
| <input type="radio"/> Is Family Member | <input type="radio"/> Student is visible In-Home Access |
| <input type="radio"/> Is Emergency Contact | <input type="radio"/> Is Custodian |
| <input type="radio"/> Is Responsible for Bill | <input type="radio"/> Receives Mailings |
| <input type="radio"/> Allowed to Pick up Student | <input type="radio"/> Receives Bills |

Signature of Parent or Guardian

Date