Riverside Public School District Student Registration Form

Student's Last Name _____Date_____

Legal First Name_____Preferred First Name_____

Middle Name_____

Street Address _____

City_____Zip_____County_____

Mailing Address if Different Than Home Address_____

P.O. Box (if applicable)_____ City_____Zip_____

Resident School District_____

Date of Birth_____ Gender_____ Grade level_____

Student Cell Number_____

Site   PK CR   PK SP   Elementary CR   Elementary SP   Middle   High

Fill out this section if the student needs mailings to go to another address.

Requires Second Mailing Yes or No   To Whom_____

Street Address_____

City_____Zip _____ State_____

Is this student the youngest or only student from this family attending school at this site?_____

Is this student the youngest or only student from this family attending school in the Riverside district?_____

Please list name(s) and birthdate(s) of all siblings._____

_____

Is the Student Hispanic or Latino   YES   NO

Select One or More Races: White   Asian   Black   American Indian   Pacific Islander

First Language Learned _____Language Spoken Most Often_____

Language Spoken Most Often at Home_____

Does this student live in a home owned/rented that is provided by the biological parent/guardian(s)? _____

If no, please explain_____

Is the school allowed to dispense Tylenol/Ibuprofen to your child if requested?   YES   NO

Medical Alerts/Information:_____

_____

_____

_____

Mother/Guardian Contact Information

Name _____

Lives with Student   YES   NO

Student Home Phone_____ Cell Phone_____

Employer_____ Work Phone_____

Email_____

Father/Guardian Contact Information

Name _____

Lives with Student   YES   NO

Student Home Phone_____ Cell Phone_____

Employer_____ Work Phone_____

Email_____

Emergency Contact #1 Information

Name_____

Relationship_____

Phone _____

Emergency Contact #2 Information

Name_____

Relationship_____

Phone_____

Emergency Contact #3 Information

Name_____

Relationship_____

Phone_____