

**SUMMER SCHOOL 2017 REGISTRATION FORM**

**Section I: Student Information (Legal Name must be used, Student and Parent) PRESENT SCHOOL \_\_\_\_\_**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender: \_\_\_\_\_ Ethnic: \_\_\_\_\_ Home Phone: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & ZIP: \_\_\_\_\_ Township: \_\_\_\_\_

Birth City: \_\_\_\_\_ Birth State: \_\_\_\_\_ Birth County: \_\_\_\_\_

Birth Country: \_\_\_\_\_ Entry date into US: \_\_\_\_\_ Reentry date in US: \_\_\_\_\_

State of school in US: \_\_\_\_\_

Ethnicity: (must choose one) \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino

**Federal Race: (must select one or more of the following that apply to this student). Please circle all that apply**

1 - American Indian or Alaskan Native, 2 – Asian, 3 - Black or African American, 4 - Native Hawaiian or Other Pacific Islander, 5 - White

Language Spoken at Home: \_\_\_\_\_ First Language Learned: \_\_\_\_\_

Child resides with (mark one):  Both Parents (same household)  Mother only  Father only  Guardian  Foster  Joint Custody

**Section II: Guardian Information**

**FAMILY 1 INFORMATION**

Guardian 1 Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & ZIP: \_\_\_\_\_

Employer: \_\_\_\_\_ City, State & ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Spoken Language: \_\_\_\_\_

Email address: \_\_\_\_\_

Guardian 1 Spouse: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Employer: \_\_\_\_\_ City, State & ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Spoken Language: \_\_\_\_\_

Email address: \_\_\_\_\_

**FAMILY 2 INFORMATION**

Guardian 2 Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & ZIP: \_\_\_\_\_

Employer: \_\_\_\_\_ City, State & ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Spoken Language: \_\_\_\_\_

Email address: \_\_\_\_\_

Guardian 2 Spouse: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

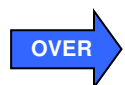
Employer: \_\_\_\_\_ City, State & ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Spoken Language: \_\_\_\_\_

Email address: \_\_\_\_\_

Guardian 2 Receives Forms: Yes No Guardian 2 Receives Report Card: Yes No



**Section III Family Information**

*Siblings*

*Siblings Date of Birth*

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**Section IV Busing Information (Rural students only)**

Check this box if your student will ride the bus at least once during the school year.

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**Section V Emergency Information – this should be a person other than parent (Parent/Guardian will be contacted first)**

*Emergency 1:*

*Address:*

*Phone:*

*2<sup>nd</sup> Phone: ( ) -*

*3<sup>rd</sup> Phone: ( ) -*

*Relation:*

*Emergency 2:*

*Address:*

*Phone:*

*2<sup>nd</sup> Phone:*

*3<sup>rd</sup> Phone:*

*Relation:*

*Emergency 3:*

*Address:*

*Phone:*

*2<sup>nd</sup> Phone:*

*3<sup>rd</sup> Phone:*

*Relation:*

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**Section VI Physician Information:**

Physician:

Physician Phone:

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**Section VII Alert Information on record: Health or special conditions (custodial rights)**