

# Registration Form

PM

PM

CAR AM

**Transportation**

BUS # AM

School:

Grade:

Homeroom Teacher: Enrollment Date:

## Last School Attended

 **STUDENT INFORMATION**

**Student Name** (as it appears on Birth Certificate)

First Middle Last

**Student’s Preferred Name**: **Gender** : □ Male □ Female **Social Security #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Birth Date** (MM/DD/YYYY) / / **Mother’s Maiden Name Birth Country**:

**Birth City**: **Birth County**: **Birth State**:

**ETHNICITY**: (check one)  Hispanic/Latino  Not Hispanic/Latino

**RACE**: (check all that apply)

###  American Indian/ Alaskan Native  Asian  White/Caucasian  Black/African-American  Hawaiian/Other Pacific Islander

**Military:** Check the appropriate box if this student has a parent/guardian that is:

* Active Military □ Military National Guard □ Reserve Military

**Internet Connection**: Do you have internet connection in your home? □ Yes □ No

## List Other Children in Family

 **GUARDIAN/CUSTODIAL INFORMATION and POWERSCHOOL INFORMATION**

**Are there Legal/Custody issues we should be aware of**?: Yes No What?

**CUSTODY:**  Both Parents  Father  Mother  State Custody  Sibling  Other-Legal Guardian

## Parent/Guardian: Relationship:

### Custodial Parent  Emergency Contact  Can Pick Child up  PowerSchool Access

**Physical Address:**

*Number & Street City State Zip*

**Mailing Address:**

*(If different) Number & Street City State Zip*

**Phone #** ( )

**Phone #** ( )

### Home  Work  Cell

* Home  Work  Cell **Occupation**:

**E-mail Address** (Required for PowerSchool Access)

## Parent/Guardian: Relationship:

### Custodial Parent  Emergency Contact  Can Pick Child up  PowerSchool Access

**Physical Address**:

*Number & Street City State Zip*

## Mailing Address:

*(If different) Number & Street City State Zip*

**Phone #** ( )

**Phone #** ( )

### Home  Work  Cell

* Home  Work  Cell **Occupation**:

**E-mail Address** (Required for PowerSchool Access)

I give my permission for the numbers listed below to be used by PowerSchool, the automatic dialing equipment, regarding information from Grundy County Schools and understand that I may opt-out at any time.

( )

( )

**I would like the PowerSchool automatic phone calls in: (Choose one) □** English **□** Spanish

*The Grundy County School System does not discriminate on the basis of race, sex, color, religion, national origin, age, handicap in the provision of educational opportunities, activities, or administered programs.*

**EMERGENCY INFORMATION**

Please list Emergency Contacts other than those listed on page 1

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship** | **Phone** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**STUDENT HEALTH INFORMATION**

### Does your student have health problems we should be aware of (including any allergies)?  Yes  No If yes, please fill out medication form with the School Nurse.

### Please mark all that you give the school permission to do for your student  Call Doctor  Call Ambulance  Treat

**STUDENT PICKUP INFORMATION**

Please list anyone allowed to pick your student up from school.

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |

Parent/Guardian Signature: Date:



 **Thank you for helping keep your student’s information current.**

*The Grundy County School System does not discriminate on the basis of race, sex, color, religion, national origin, age, handicap in the provision of educational opportunities, activities, or administered programs.*