

EMIS ID number: \_\_\_\_\_

**Southern Local School District  
Grades K-6 Registration Form**

School Year: \_\_\_\_\_ Grade Level: \_\_\_\_\_ School: \_\_\_\_\_

Registration Date: \_\_\_\_\_ Transferring From: \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Mailing Address (if different than above)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
City State County

Evidence: Birth Certificate: \_\_\_\_\_ Other: \_\_\_\_\_

Ethnic Background: White, Non-Hispanic: \_\_\_\_\_ Black, Non-Hispanic: \_\_\_\_\_

Hispanic: \_\_\_\_\_ Asian/Pacific Islander: \_\_\_\_\_ American Indian/Alaskan: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Natural: \_\_\_\_\_ Step: \_\_\_\_\_ Foster: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

EMIS ID number: \_\_\_\_\_

Employer: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Natural: \_\_\_\_\_ Step: \_\_\_\_\_ Foster: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Is the child handicapped? Yes \_\_\_\_\_ No \_\_\_\_\_

Type of handicap: \_\_\_\_\_

Number of older brothers: \_\_\_\_\_ Number of younger brothers: \_\_\_\_\_

Number of older sisters: \_\_\_\_\_ Number of younger sisters: \_\_\_\_\_

Does the child live with both natural parents? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "No" are parents: Separated: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Divorced: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Deceased: Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Foster Parents: Yes: \_\_\_\_\_ No: \_\_\_\_\_

I hereby certify that I am a resident of the Southern Local School District and have legal custody

of:

(Student's Name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Immunization Record

DPT: \_\_\_\_\_

POLIO: \_\_\_\_\_

MMR: \_\_\_\_\_

HEPATITIS B: \_\_\_\_\_

VARICELLA: \_\_\_\_\_

Other Important Medical History:

\_\_\_\_\_  
\_\_\_\_\_

ALLERGIES:

\_\_\_\_\_  
\_\_\_\_\_

Custody Information

Does the person registering the child Legal Custody? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "Yes" – a copy of the court document that is on file is needed.

If "No" – the following information must be completed.

Who has Legal Custody of the child?

Name: \_\_\_\_\_ Relationship to the Child:

\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_

What is the residential school district of the custodial parent or guardian?

EMIS ID number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Is the person registering the child seeking Legal Custody: Yes: \_\_\_\_\_ No: \_\_\_\_\_  
(If "Yes") a letter from your attorney on the attorney's letter head is required before the child can attend school)

Is the child a foster child? Yes: \_\_\_\_\_ No: \_\_\_\_\_ (If "Yes" a copy of the court document on file is required)

Is the child a ward of the court: Yes: \_\_\_\_\_ No: \_\_\_\_\_ (If "Yes" a copy of the court document on file is required)

Terms of Custody: Temporary \_\_\_\_\_ Permanent \_\_\_\_\_

**Tuition Student**

Is this student a tuition student? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If "Yes" complete the information below:

Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Guardian's School District of residence: \_\_\_\_\_

Guardian's County of residence: \_\_\_\_\_