

STARK COUNTY COMMUNITY UNIT SCHOOL DISTRICT #100 REGISTRATION FORM

BIRTHDATE _____ GRADE ENTERING _____

SCHOOL AND GRADE LAST ATTENDED: _____
Does your child have an IEP or receive any special services such as speech, reading, or math assistance? _____

This information is part of your child's permanent record. Please be sure the information is accurate. Use legal names of child and parents.

NAME OF CHILD _____ GENDER: ___ Male ___ Female
first middle last

CHILD'S ADDRESS: _____ PHONE: _____

ETHNIC ORIGIN (circle one): White/Non-Hispanic Black/Non-Hispanic American Indian Asian Hispanic

STUDENT LIVES WITH (circle): Parents Mother Father Guardian Other: _____

FATHER _____ ADDRESS: _____

PHONE _____ E-MAIL _____ EMPLOYER _____ WORK # _____

MOTHER _____ ADDRESS: _____

PHONE _____ E-MAIL _____ EMPLOYER _____ WORK # _____

GUARDIAN/OTHER _____ ADDRESS: _____

PHONE _____ E-MAIL _____ EMPLOYER _____ WORK # _____

Please send report card copies to non-custodial parent (must provide address) Yes No (circle if applicable)

SIBLINGS: (names and ages) _____

NON-PARENT EMERGENCY INFORMATION - In an emergency, we will notify the above parent/guardian IMMEDIATELY. If the parent/guardian cannot be reached, we must have names/phone numbers on file of persons to contact. Please note that an ambulance & EMT will be called if necessary.

Name Relationship to Student Phone Number

1st Emergency contact: _____

2nd Emergency contact _____

3rd Emergency contact _____

PHYSICIAN _____ PHONE # _____ PREFERRED HOSPITAL _____