

PARKSTON ELEMENTARY SCHOOL STUDENT REGISTRATION FORM

STUDENT'S NAME: _____
HOME ADDRESS: _____
MAILING ADDRESS: _____
CITY: _____ ZIP: _____ COUNTY: _____
DATE OF BIRTH: _____ GRADE LEVEL: _____ GENDER: _____
IF NEW, WHERE DID YOU LAST ATTEND SCHOOL: _____

THE FOLLOWING QUESTIONS ARE REQUIRED INFORMATION WE MUST HAVE - CHECK THE ONE THAT APPLIES

ETHNICITY: No, not Hispanic/Latino: _____ Yes, Hispanic/Latino: _____
RACE: American Indian or Alaska Native: _____ Asian: _____
Black or African American: _____ White: _____ Native Hawaiian or Other Pacific Islander: _____

LANGUAGE:

1. What is the language most frequently spoken at home? _____
2. Which language did your child learn when he/she first began to talk? _____
3. What language does your child speak most frequently speak at home? _____
4. What language do you most frequently speak to your child? _____

HOME PHONE NUMBER: (____) _____
MOM'S WORK NUMBER: (____) _____ MOM'S CELL: (____) _____
DAD'S WORK NUMBER: (____) _____ DAD'S CELL: (____) _____
FATHER'S NAME: _____ PLACE OF WORK: _____
FATHER'S EMAIL: _____
MOTHER'S NAME: _____ PLACE OF WORK: _____
MOTHER'S EMAIL: _____

In case there is no answer at any of the above numbers, please give us the name and phone number of an emergency contact person:

NAME: _____ PHONE NUMBER: _____

DOCTOR INFORMATION: _____ PHONE: _____

Any pertinent information such as allergies, eye problems, or anything else we should know about:

DO WE HAVE YOUR CHILD'S IMMUNIZATION RECORD? YES: ___ NO: ___

DO WE HAVE YOUR CHILD'S BIRTH CERTIFICATE? YES: ___ NO: ___

OUT OF TOWN BUS STUDENTS ONLY

EMERGENCY IN TOWN SHELTER

NAME: _____ PHONE: _____

ADDRESS: _____

Please remind this person that this information is being provided to the school.