

ID # \_\_\_\_\_ (Leave blank...to be completed by school personnel.)

**STUDENT REGISTRATION INFORMATION**

PreK thru Grade 12

**Student Information**

Grade \_\_\_\_\_ School \_\_\_\_\_ Sex \_\_\_\_\_ Home Phone \_\_\_\_\_  
First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

P.O.Box \_\_\_\_\_ Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student's Soc. Sec. # \_\_\_\_\_ Ethnic Origin \_\_\_\_\_ Home Room \_\_\_\_\_ Birth Place \_\_\_\_\_ Birth Date \_\_\_\_\_

Emergency 1 (Not a Parent) \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Emergency 2 (Not a Parent) \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Name/Address School Last Attended \_\_\_\_\_

In past years, has the student ever been enrolled in Flora CUSD #35? If so, what school and what grade level? \_\_\_\_\_

If English **is not** the main language spoken in the home, please list the main language: \_\_\_\_\_

**Parent Information**

Father \_\_\_\_\_ Mother \_\_\_\_\_

P.O. Box \_\_\_\_\_ Street Address \_\_\_\_\_ Apt# \_\_\_\_\_ P.O. Box \_\_\_\_\_ Street Address \_\_\_\_\_ Apt# \_\_\_\_\_

City/St./Zip \_\_\_\_\_ City/St./Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work \_\_\_\_\_ Work \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Please list other siblings and their ages residing in the same household.**

**Following information is for specific household where student resides.**

**Guardian Information**

Guardian Title: (Please circle one.) Mr. Mrs. Ms. Mr. and Mrs.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship \_\_\_\_\_ If student lives with step-parent, name/employer \_\_\_\_\_

**Sitter Information (if applicable)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any health concerns that the school needs to be aware?  
\_\_\_\_\_  
\_\_\_\_\_

\*Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

\*In case of an emergency, the school has my permission to secure medical assistance.