

Student Registration Form

District Office

Schools

Briarwood (gr.PreK-2)
Brooklake (gr. 3-5)
Ridgedale (gr. 6-8)

Student Information

Name: _____ Generation(e.g. Jr, Sr, III)____ Grade:___ Gender:___
Ethnicity(Hispanic): Y or N Race(s): (Circle all that apply) American Indian Asian Black Pacific White
Birthdate:_____ BirthCity:_____ BirthState:_____ BirthCountry: _____
Street:_____ City:_____ State:___ Zip: _____
Home Phone:_____ Language Spoken at Home:_____ Parent Email: _____

Parent Information

Status: (Check One) Divorced ___ Married ___ Widow ___ Separated ___ Single ___

Relationship: Mother Child resides with:___ Relationship: Father Child resides with:___
Mother's Name: Father's Name:
Address: Address:
City, State, Zip: City, State, Zip:
Home Phone: Home Phone:
Day Phone: Day Phone:
Other Phones: Other Phones:
Employer: Employer:
Employer Address: Employer Address:
Employer City, State, Zip: Employer City, State, Zip:

Other Parent or Guardian Information (Complete only if child does not reside with Mother or Father.)

P/G 1 Relationship: Child resides with: P/G 2 Relationship: Child resides with:
P/G 1 Name: P/G 2 Name:
Address: Address:
City, State, Zip: City, State, Zip:
Home Phone: Home Phone:
Day Phone: Day Phone:
Other Phones: Other Phones:
Employer Address: Employer Address:
Employer City, State, Zip: Employer City, State, Zip:

Emergency Contact Information

<u>C</u> <u>Name</u>	<u>Relationship</u>	<u>Phone 1</u>	<u>Phone 2</u>	<u>Phone 3</u>
1				
2				
3				

Emergency Information. (Please list any additional emergency information.)

Last School Attended: _____ Address: _____ Phone: _____

Please verify that all the information on this form is correct. If information is missing or needs correction, please enter it on the form. Please sign the form and return it as soon as possible.

Signature of Parent and/or Guardian _____ Date _____