

**TRI-VALLEY SCHOOL DISTRICT 49-6
REGISTRATION INFORMATION**

THIS FORM MUST BE FILLED OUT BY THE STUDENT'S LEGAL GUARDIAN:

NAME _____ **GRADE** _____ **M or F**
LAST FIRST MIDDLE

BIRTHDATE _____ **SS#** _____ **PLACE OF BIRTH** _____

RACE/ETHNICITY		
IS THE STUDENT HISPANIC OR LATINO? _____ NO, NOT HISPANIC OR LATINO _____ YES, HISPANIC OR LATINO		
WHAT IS THE STUDENT'S (OR YOUR) RACE? <i>(Regardless of how you answered the first question, choose one or more.)</i>		
_____ AMERICAN INDIAN OR ALASKA NATIVE	_____ ASIAN	_____ NATIVE HAWAIIAN OR
_____ BLACK OR AFRICAN AMERICAN	_____ WHITE	_____ OTHER PACIFIC ISLANDER

HEAD(S) OF HOUSEHOLD INFORMATION: With whom does the student live?			
FATHER/MOTHER _____	FOSTER PARENT _____	GUARDIAN _____	
FATHER _____	FATHER/STEPMOTHER _____	FATHER/FATHER'S FRIEND _____	STEPMOTHER _____
MOTHER _____	MOTHER/STEPFATHER _____	MOTHER/MOTHER'S FRIEND _____	STEPFATHER _____
* IT IS THE RESPONSIBILITY OF THE LEGAL GUARDIAN TO SUBMIT LEGAL DOCUMENTS REGARDING CUSTODY OR RESTRAINING ORDERS, ETC. TO THE SCHOOL.			

FATHER	LAST NAME: _____	FIRST NAME: _____	STREET ADDRESS: _____	
	HOME PHONE: _____	CITY: _____		ZIP: _____
	CELL PHONE: _____	WORK PHONE: _____		EXT: _____
	EMAIL ADDRESS: _____	WORK PLACE: _____		

MOTHER	LAST NAME: _____	FIRST NAME: _____	STREET ADDRESS: _____	
	HOME PHONE: _____	CITY: _____		ZIP: _____
	CELL PHONE: _____	WORK PHONE: _____		EXT: _____
	EMAIL ADDRESS: _____	WORK PLACE: _____		

IF LEGAL GUARDIAN IS SOMEONE OTHER THAN PARENTS, COMPLETE THIS SECTION:

OTHER	LAST NAME: _____	FIRST NAME: _____	STREET ADDRESS: _____	
	RELATIONSHIP TO STUDENT: _____	CITY: _____		ZIP: _____
	HOME PHONE: _____	WORK PHONE: _____		EXT: _____
	CELL PHONE: _____	WORK PLACE: _____		
	EMAIL ADDRESS: _____	WORK PLACE: _____		

(OVER)

EMERGENCY CONTACT INFORMATION: (OTHER THAN PARENT)

EMERGENCY CONTACT	LAST NAME: _____ FIRST NAME: _____	
	RELATIONSHIP TO STUDENT: _____	STREET ADDRESS: _____
	HOME PHONE: _____	CITY: _____ ZIP: _____
	CELL PHONE: _____	WORK PHONE: _____ EXT: _____
	EMAIL ADDRESS: _____	WORK PLACE: _____

EMERGENCY CONTACT	LAST NAME: _____ FIRST NAME: _____	
	RELATIONSHIP TO STUDENT: _____	STREET ADDRESS: _____
	HOME PHONE: _____	CITY: _____ ZIP: _____
	CELL PHONE: _____	WORK PHONE: _____ EXT: _____
	EMAIL ADDRESS: _____	WORK PLACE: _____

OTHER CHILDREN IN FAMILY

CHILD'S NAME	DATE OF BIRTH	GRADE	GENDER
_____	_____	_____	M or F
_____	_____	_____	M or F
_____	_____	_____	M or F
_____	_____	_____	M or F

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

PREVIOUS SCHOOL ENROLLMENT INFORMATION FOR THE STUDENT YOU ARE REGISTERING:
 Did the student receive any of the following services at their previous school(s)?
 Individual Education Plan (IEP) ___ Therapy (OT/PT) ___ Speech/Language ___ Resource ___ LEP ___ Other ___

SCHOOL NAME	ADDRESS	PHONE #	FAX#
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LEGAL GUARDIAN'S SIGNATURE

DATE