

**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** _____

STUDENT'S CELL NUMBER _____ (Optional)

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: _____	
	EMAIL ADDRESS: _____		CITY: _____	ZIP: _____
	CELL PHONE: _____	WORK PHONE: _____	EXT: _____	
	HOME PHONE: _____	WORK PLACE: _____		

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

**EMERGENCY CONTACT INFORMATION:
(PLEASE DO NOT LIST PARENTS HERE)**

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

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

LANGUAGE

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?

ARMED FORCES – ACTIVE DUTY

YES NO

Does the student have a parent who is a member of the Armed Forces on active duty?	<input type="checkbox"/>	<input type="checkbox"/>
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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 ____ ELL ____ Resource ____ Other ____

_____	_____	_____	_____
SCHOOL NAME	ADDRESS	PHONE #	FAX#

LEGAL GUARDIAN'S SIGNATURE

DATE