

**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)

<b>RACE/ETHNICITY</b>		
IS THE STUDENT HISPANIC OR LATINO? _____ NO, NOT HISPANIC OR LATINO _____ YES, HISPANIC OR LATINO		
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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

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

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

<b>MOTHER</b>	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)**

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

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

<b>LANGUAGE</b>
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?

<b>ARMED FORCES – ACTIVE DUTY</b>	<b>YES</b>	<b>NO</b>
Does the student have a parent who is a member of the Armed Forces on active duty?	<input type="checkbox"/>	<input type="checkbox"/>

<b>PREVIOUS SCHOOL ENROLLMENT INFORMATION FOR THE STUDENT YOU ARE REGISTERING:</b>			
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 ____			
_____	_____	_____	_____
<b>SCHOOL NAME</b>	<b>ADDRESS</b>	<b>PHONE #</b>	<b>FAX#</b>

A lunch deposit of \$20 per registered student is due at registration and/or a Free & Reduced Lunch form must be completed and returned with the student for his/her first day of school.

\_\_\_\_\_  
**LEGAL GUARDIAN'S SIGNATURE**

\_\_\_\_\_  
**DATE**