

EASTERN LOCAL SCHOOLS

Student Registration Form

Are you a resident of Eastern Local Schools Yes or No
If no, are you an employee of the Eastern Local School District: Yes or No

STUDENT NAME _____
First Middle Last

CALLED NAME _____ SOCIAL SECURITY NUMBER _____

ADDRESS _____
Street PO Box

City State Zip Telephone _____

Grade _____ Date of Birth _____ Place of Birth _____

Circle one: Male Female Mother's maiden name _____

Ethnicity (Detailed form attached)

Is the student Hispanic or Latino? Yes ___ No ___ What is the student's race? Circle at least one below:
White Black/African Am. Asian American Indian/Alaskan Native Native Hawaiian/Pacific Islander

PARENT/GUARDIAN(S) NAME _____

RELATIONSHIP TO STUDENT (Circle one) PARENT GUARDIAN

STATUS OF PARENTS (Circle one) Married Divorced Widowed Separated Single Parent

If divorced, who has legal custody Mother or Father

Are you natural/adoptive parent(s) of the child: Yes or No If no, your relationship _____

If foster guardian, what district did the natural parent(s) reside in at the time you received custody? _____

If foster/guardian, please list Case Manager/Court Liaison _____

Case Manager/Court Liaison contact information _____

FATHER/GUARDIAN

Name _____

Address _____

Home Phone _____

Cell/Pager _____

Email _____

Place of Employment _____

Business Phone _____

Step-Mother (if applicable) _____

Work/cell phone _____

MOTHER/GUARDIAN

Name _____

Address _____

Home Phone _____

Cell/Pager _____

Email _____

Place of Employment _____

Business Phone _____

Step-Father (if applicable) _____

Work/cell phone _____

