

Sherburne - Earlville District Registration Form

Full Name _____ Sex Male Female

First Middle Last Jr./Sr./III/IV

Birth Date _____ Place of Birth _____

Does this child have any disabilities: Yes No

If yes, Speech Physical **Instructional Plans:** 504 Plan IEP

U.S. Citizen Yes No If NO, indicate citizenship _____

Ethnicity (choose one) Hispanic/Latino Not Hispanic/Latino

Race (choose one or more, regardless of Ethnicity) American Indian or Alaska Native Asian

Native Hawaiian or other Pacific Islander Black or African American White

Primary Language Spoken in home _____

Student's Physical (911) Address

Student's Mailing Address (if different)

Street _____ Street _____

City _____ City _____

State _____ Zip _____ County _____ State _____ Zip _____ County _____

Home Phone (_____) _____ Cell Phone (_____) _____

E-Mail Address _____ Parent/Guardian e-mail _____

Parent(s)/Guardian(s) Living in home with Student - If N/A see *

Name _____ Name _____

Relationship to Student _____ Relationship to Student _____

Work Place & Phone # _____ Work Place & Phone # _____

Signature _____ Signature _____

Is this current address temporary? Yes No **If so, Complete Residency Questionnaire.**

Emergency Medical Information

Physician _____ Phone _____ Hospital Choice _____

Any known medical problems/allergies _____

I give consent to release this information to necessary Sherburne-Earlville School Personnel to promote the health and safety of my child.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Not Living in home with Student (if applicable)

Name _____ Relationship to student _____

Street _____ Would you like to receive mailings from school

City _____ regarding your child? Yes No

State _____ Zip _____ County _____ Phone Number (_____) _____

E-mail address _____ Cell Phone (_____) _____

* **If this student is not living with birth parents, who has legal custody?** _____

* **Relationship of this person to student** _____

If there are any custody restrictions, please specify and provide us with copies of legal paperwork.

Contacts Other Than Persons Listed on Other Side of This Form
Emergency Contact # 1 **Emergency Contact # 2**

Name _____	Name _____
Relationship to Student _____	Relationship to Student _____
Street _____	Street _____
City _____	City _____
State _____ Zip _____ County _____	State _____ Zip _____ County _____
Home Phone (____) _____	Home Phone (____) _____
Cell Phone (____) _____	Cell Phone (____) _____
E-mail address _____	E-mail Address _____

Other Children in Family or Living in Residence

Name _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F	DOB _____	Living in home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F	DOB _____	Living in home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F	DOB _____	Living in home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F	DOB _____	Living in home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F	DOB _____	Living in home? <input type="checkbox"/> Yes <input type="checkbox"/> No

Other Adults Living in Residence

Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____

Last School Attended by Student

Name of School _____	Last Grade Completed _____
Address of School _____	Phone Number of School _____
_____	Date Left _____

Has student ever attended S-E before? Yes No If yes, what was the date of last enrollment here? ____

Date of Entry into 9th Grade _____

For Office Use Only

Student # _____	Family # _____	Lunch # _____	Building _____
Grade _____	Homeroom # _____	Entry Date _____	School Year _____

Copies of Documents Received

- Birth Certificate
 Transcript of Records
 Health/Immunization Records
 Proof of Residency
 Court Ordered Custody Papers
 Order of Protection
 DSS Cert./Foster Care
 IEP
 504 Plan