



ELKTON-PIGEON-BAY PORT LAKER SCHOOLS CA-60 REGISTRATION/ENROLLMENT

TODAY'S DATE _____ SCHOOL _____

OFFICE DOCUMENTATION

FIRST DATE OF ATTENDANCE _____

STUDENT _____ GRADE _____
Last First Middle

BIRTHDATE
 BIRTH CERTIFICATE
 HOSPITAL RECORDS
 OTHER DOCUMENTATION

BIRTHDATE _____ MALE FEMALE

PHONE # _____ CELL PHONE # _____

ADDRESS _____ PO BOX # _____

IMMUNIZATION

COPY

PLACE OF BIRTH _____
City Zipcode

SCHOOL OF CHOICE

YES NO

Has your child ever attended Elkton-Pigeon-Bay Port Laker Schools? Yes No

Has this student ever received special education services or attended special education classes? Yes No

Has this student ever been suspended or expelled from any school at any location for any reason? Yes No

DISTRICT OF RESIDENCE

Name of District

Student's Predominant Ethnic Background: New State and Federal regulations require the collection of racial/ethnic data. The following questions allow us to comply with these regulations.

RESIDENCY STATEMENT

YES NO

ETHNICITY (choose one): Hispanic or Latino NOT Hispanic or Latino
RACE (choose one or more, regardless of Ethnicity):
 American indian or Alaskan Native Black or African American
 Asian White
 Native Hawaiian or Other Pacific Islander

DUPLICATE MAIL

PARENT: _____
ADDRESS: _____

Exact directions for location of your home from the school. Please include road, house number and nearest crossroads

BUS NEEDED

YES NO

BUS # _____

OTHER CHILDREN IN FAMILY
Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____

GUARDIAN

YES NO

HOMEROOM/TEACHER

<u>FAMILY DATA</u>	<u>MOTHER</u>	<u>FATHER</u>
Name	_____	_____
Country/State of Birth	_____	_____
Language in Home	_____	_____
Educational Status	HS 9 10 11 12 College 1 2 3 4 +	HS 9 10 11 12 College 1 2 3 4 +
Occupation	_____	_____
Marital Status	_____	_____
Step Parent	_____	_____
Guardian	_____	_____
Child Resides With	_____	_____
PARENT SIGNATURE	_____	_____

LOCKER

MEALTIME ID:

STUDENT ID:

UIC

VERIFIED BY:

GUARDIAN SIGNATURE _____ Requires Documentation