

LITTLE SILVER SCHOOLS

New Student Registration Form

Date of Registration

Please circle your child's race/ethnicity (all that apply):
A AI/AK B H H/P W

Pupil's Name _____ M ___ F ___ Grade _____
Last First Middle

Name by Which Student Prefers to be Called (if different than above) _____

Birth Date ____ ____ ____ Place of Birth _____ Proof of Birth Shown _____
Mo. Day Year City State Country (Please Specify)

Student resides with (please circle): Both Parents Mother Father Guardian Other (please specify) _____

Primary Residence: Street Address _____ Home Phone _____

2 Proofs of Residence _____
(Indicate above and show copy at Registration: Utility Bill/Receipt, Tax Bill/Receipt, Rent Receipt, or Contract of Sale/Rental)

Primary Parent/Guardian Name(s) _____ Home Phone _____
Address _____
Street City State Zip

Email address: _____

Father's Occupation _____ Business Name & Address _____
Cell Phone _____ Work Phone _____

Mother's Occupation _____ Business Name & Address _____
Cell Phone _____ Work Phone _____

Secondary/Joint Parent/Guardian Name _____ Home Phone _____
Address _____
Street City State Zip

Email address: _____

Occupation _____ Business Name & Address _____
Cell Phone _____ Work Phone _____

Sibling(s):

<u>Brothers</u>		<u>Sisters</u>	
Name	Birth date	Name	Birth date
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Contact Name _____ Telephone _____
(Not a Parent)

Previous School/School District & Address _____
Days/Hours Per Week _____

Primary Language Spoken by Child _____ Primary Language Spoken at Home _____

I reside in Little Silver and my child is domiciled in Little Silver _____.
(Signature of Parent/Guardian)

A=Asian AI=American Indian/Alaskan B=Black H=Hispanic H/P=Hawaiian/Pacific Islander W=White