



College Community Schools Student Registration Information

Date: _____

Building: _____ ID# _____ Bus: _____

(To be completed by school personnel)

Please provide the following information for the student you are registering: **(PLEASE PRINT)**

INFORMATION ABOUT THE STUDENT

Legal First, Middle, & Last Name	Grade	Gender	Birth Date	Social Security Number
Address		County	Home Phone	Primary Language

PARENT/GUARDIAN INFORMATION

PRIMARY RESIDENT PARENT/GUARDIAN(S)

Name	Date of Birth	Relationship	Address	Legal Guardian: Yes No	Both Mother and Father Mother Father
Home Phone	Work Phone	Employer	Cell Phone	Email Address	

Other, please list _____

Name	Date of Birth	Relationship	Address	Legal Guardian: Yes No	White, Non-Hispanic Black, Non-Hispanic
Home Phone	Work Phone	Employer	Cell Phone	Email Address	

STUDENT'S ETHNICITY (PLEASE CIRCLE ONE)

Name	Date of Birth	Relationship	Address	Legal Guardian: Yes No	Asian/Pacific Islander Hispanic
Home Phone	Work Phone	Employer	Cell Phone	Email Address	Send Mailings: Yes No

Native American/Alaskan Origin

Name	Date of Birth	Relationship	Address	Legal Guardian: Yes No	OTHER HOUSEHOLD INFORMATION			
Home Phone	Work Phone	Employer	Cell Phone	Email Address	Name			

Relationship Gender Grade Birthdate

OTHER INFORMATION

Are there any legal restrictions concerning the non-custodial parent? **PLEASE CIRCLE** Yes No
If yes, please provide legal documentation on any restrictions. **Without such legal documentation, we cannot restrict parental visitations or access to student records**

Name

Relationship Gender Grade Birthdate

Name of Previous School: _____

Address: _____

City, State, Zip: _____

Name

Relationship Gender Grade Birthdate

Name

Relationship Gender Grade Birthdate

All communications will be sent to the address of the student. If the above information changes, please inform the school office in writing as soon as possible. Unless otherwise notified, the above information will be used in school records and communications.

INCOMING KINDERGARTENER

Did your incoming kindergartener attend preschool?
(Please circle one)

Yes No

Signature of Parent/Guardian _____

Date _____