

Ashley Public School District 9 – Student Registration

Student's Name _____ Middle Name: _____

Mailing address: _____

City _____ State: _____ Zip _____

Male _____ Female _____ Date of Birth _____

*Is this student Hispanic or Latino? Yes _____ No _____

*What is student race? (check all that apply)

____ American Indian ____ Black or African American ____ Asian

____ Native Hawaiian or Other Pacific Islander ____ White

Parent/Guardian #1:

Name _____

Father _____ Stepmother _____ Legal Guardian _____

Mother _____ Stepfather _____ Foster Parent _____ Other specify relationship: _____

Address: _____

____ check if same as above Check all that apply: _____ OK to pick up _____ Legal Custody

Home Phone _____ Cell Phone _____ Cell phone carrier: _____
(used for Instant Alert system)

Email address: _____

Employer: _____ Work phone _____ Do not call work _____

Parent/Guardian #2:

Name _____

Father _____ Stepmother _____ Legal Guardian _____

Mother _____ Stepfather _____ Foster Parent _____ Other specify relationship: _____

Address: _____

____ check if same as above Check all that apply: _____ OK to pick up _____ Legal Custody

Home Phone _____ Cell Phone _____ Cell phone carrier: _____
(used for Instant Alert system)

Email address: _____

Employer: _____ Work phone _____ Do not call work _____

Please check if your child has any medical conditions:

Allergies (specify) _____ Asthma _____ Diabetes _____ Seizures _____

Other _____

Enrollment/Placement:

What is the student's primary language? _____ English _____ Other (specify) _____

Does the student have: _____ Section 504 Plan _____ IEP

Did the student receive any special services from the past school? Please check all that apply.

_____ Title I Reading _____ Title I Math _____ Special Education Services (Resource Room, Speech)

School last attended: School Name _____

School Address: _____

Other Children in the Family: (not enrolled in school yet)

	NAME	BIRTH DATE	SEX	SCHOOL
1.				
2.				
3.				
4.				

EMERGENCY CONTACT #1: (other than parent/guardian)

Name _____ Relationship to student _____

Address: _____

Home Phone: _____ Cell Phone _____ Work phone _____

EMERGENCY CONTACT #2: (other than parent/guardian)

Name _____ Relationship to student _____

Address: _____

Home Phone: _____ Cell Phone _____ Work phone _____

STORM HOME:

NAME: _____ ADDRESS: _____

PHONE: _____

By signing this form I am verifying that the information contained herein is correct.

Parent/Guardian Signature: _____ Date: _____