

EASTERN LOCAL SCHOOLS STUDENT REGISTRATION

Today's Date ___/___/___ Student ID _____ Date Entered _____

Student _____
(LAST) (FIRST) (MIDDLE) (NICKNAME)

Street Address _____ City _____

Mailing Address _____

COUNTY OF RESIDENCE _____ Home phone _____

Date of Birth _____ Age _____ Grade _____ Gender (M) (F)

SS# _____/_____/_____ Mothers Maiden Name _____

Birthplace _____ Birth Certificate (Y) (N) Has student attended this school previously? _____

Student Racial and Ethnic Identification: (as per Federal regulations) MUST answer questions #1 and 2

1.) Is the student Hispanic, Latino or of Spanish origin? Yes No

2.) Select one or more races from the following five racial groups:

- American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Black or African American:** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Previous School _____

Previous School City/State _____

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Household Information

Father's Name _____ Cell _____ Work _____

Email _____ Living with: (Y) (N)

Mother's Name _____ Cell _____ Work _____

Email _____ Living with? (Y) (N)

Step Parent/Guardian information _____

Please check one: Parents Together Parents Separated Parents Divorced Parent(s) Deceased

Do you have LEGAL custody of this child? Yes No (if not parents, please explain)

Are there any court papers preventing anyone from access to this child? (Please explain) Yes No
(must provide documents)

List All other children in the family household:

Full Name	Gender	D.O.B.	School	Grade

Signature of Parent or Guardian: _____

Relationship to Child: _____