

# SOUTHERN UNION CONFERENCE ELEMENTARY REGISTRATION APPLICATION

(Please print in ink) School \_\_\_\_\_

Pupil's Legal Name \_\_\_\_\_ Sex: F \_\_\_ M \_\_\_  
Last First Middle Nickname

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Mo. Da. Yr. City State

Verification of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 Address (and changes of address)

1. \_\_\_\_\_ Tel. \_\_\_\_\_  
No. Street City State Zip

2. \_\_\_\_\_ Tel. \_\_\_\_\_

3. \_\_\_\_\_ Tel. \_\_\_\_\_

GRADE PLACEMENT		
Date Enrolled Mo. Da. Yr.	Age Yr. Mo.	Grade

Family Information	Father	Mother	Guardian
Legal Name			
Check one Home Address if Different from above	Natural ___ Step ___ Foster ___	Natural ___ Step ___ Foster ___	Relation to Child:
Home Telephone			
Occupation			
Education			
Business Address			
Business Telephone			
Birth Date			
Birth Place			
U.S. Citizen	YES <input type="checkbox"/> NO <input type="checkbox"/> Other: _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Other: _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Other: _____
SDA Member	YES <input type="checkbox"/> NO <input type="checkbox"/> Other: _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Other: _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Other: _____
Marital Status	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other: _____	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other: _____	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other: _____

Other persons living with family \_\_\_\_\_ Relation to child \_\_\_\_\_  
 Church child attends \_\_\_\_\_ Denomination \_\_\_\_\_  
 Baptism — Place: \_\_\_\_\_ Date \_\_\_\_\_ Age \_\_\_\_\_

Children in family in order of birth including this child:				Transfer Students Only:	
Names	Living at Home	Sex	Birth Date Mo. Da. Yr.	School last attended	Address

Street and Number \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Grade Completed \_\_\_\_\_

NOTE: Grade placement of transfer pupils is tentative until official transcript and records are received from last school.

Check any of the following diseases; give dates of immunizations the student has had:

Mumps _____ Dis. _____ Im. _____	Tonsillitis _____ Dis. _____ Im. _____	Chorea _____ Dis. _____ Im. _____
Whooping Cough _____ Dis. _____ Im. _____	Rheumatism _____ Dis. _____ Im. _____	Injury _____ Dis. _____ Im. _____
Diphtheria _____ Dis. _____ Im. _____	Chicken Pox _____ Dis. _____ Im. _____	Operation _____ Dis. _____ Im. _____
Measles _____ Dis. _____ Im. _____	Smallpox _____ Dis. _____ Im. _____	Polio Shots _____ Dis. _____ Im. _____
Typhoid _____ Dis. _____ Im. _____	Scarlet Fever _____ Dis. _____ Im. _____	Smallpox Vaccination _____ Dis. _____ Im. _____
Pneumonia _____ Dis. _____ Im. _____	Influenza _____ Dis. _____ Im. _____	Immunized against Diphtheria _____ Dis. _____ Im. _____

Date of last physical exam. \_\_\_\_\_; Current physical exam. forms brought for Grades (K or 1) \_\_\_\_\_; (4) \_\_\_\_\_; (7) \_\_\_\_\_  
 Factors which may interfere with child's learning: Hearing \_\_\_\_\_; Sight \_\_\_\_\_; Speech \_\_\_\_\_; Malnutrition \_\_\_\_\_; Heart \_\_\_\_\_;  
 Nervousness \_\_\_\_\_; Easy fatigue \_\_\_\_\_; Emotional problems or worries \_\_\_\_\_; Language other than Eng. used in home \_\_\_\_\_

Person to notify in emergency: 1. \_\_\_\_\_ Tel. \_\_\_\_\_  
 2. \_\_\_\_\_ Tel. \_\_\_\_\_  
 Physician to call in emergency \_\_\_\_\_ Tel. \_\_\_\_\_

If this physician is not available, does school have your permission to call another? \_\_\_\_\_  
 My child will go to and from school: Walk \_\_\_\_\_; bicycle \_\_\_\_\_; family car \_\_\_\_\_; car pool \_\_\_\_\_; school bus \_\_\_\_\_; public transportation \_\_\_\_\_  
 Where child is to go regularly after school \_\_\_\_\_ (Parent's request or note needed for any change)  
 If applicable during year, date of withdrawal: \_\_\_\_\_ Reason: \_\_\_\_\_

Has student ever been suspended or expelled from any school? \_\_\_\_\_ If so, explain on back.  
 Eighth Grade Diploma Date: \_\_\_\_\_ Eighth Grade Certificate Date: \_\_\_\_\_

We understand the requirements and regulations of the school and pledge our full cooperation.  
 Signed \_\_\_\_\_ Pupil \_\_\_\_\_ Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

(Official Use)  
 Legal Name \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 School Board Chairman's Signature \_\_\_\_\_  
 Nickname \_\_\_\_\_  
 Circle Grade K 1 2 3 4 5 6 7 8 9 10  
 Approved for School Year 20, 20, 20