

ELEMENTARY REGISTRATION FORM

Date:					
Student's LEGAL Nan	ne:				
	LAST	FIRST		DDLE	
Mailing Address					
City _	S	tateZip c	ode		
	Place of Birth				
Cooial Consuity Nymbo		Citizanahin	Cov	M E	
	er:encompeter:encompeter			IVIF	
Student Dapusini	10yes (Date of bap	usiii)			
	FAMILY	INFORMATION			
	FATHER	MOTI	HER	*LEGAL	GUARDIAN
Full LEGAL Name					
Mailing Address (Including City and zip) if Different than the students above					
Phone					
Cell Phone Pager					
Occupation					
Business Address					
Business Phone					
Education					
Date of Birth City/State					
Church Affiliation					
Baptism yes/no					
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^{*}Please provide the school an official copy of the court custody orders. This also applies in joint custody situations.

IN CASE OF EMERO	GENCY CONTACT:				
1.		Phone _			
2.		Phone _			
3.		Phone _			
FAMILY DOCTOR:		Phone _	e		
DATE OF LAST PH	YSICAL EXAM:				
SPECIFY ANY KNC	WN FACTORS THAT	MAY INTERFERE	WITH CHILD'S LEAR	NING:	
	N ARRANGEMENTS				
•	use the following mean _ Walk	s of transportation to Car I			
	_ wark _ Bicycle	Car i			
If your child i	s going home with som	eone please send a i	note that morning. If a n	ote is not	
sent in the morning w	ve will not make calls d	uring the day.			
	•	he parent to inform the	he school anytime there is	s a change	
in the information on	this form.				
NAME	N IN THE FAMILY: SEX	BIRTHDATE	LIVING AT HOME		
			YES OR NO		
			YES OR NO	_	
			YES OR NO	-	
			YES OR NO	-	
	1			1	

YES OR NO