

**TRI-VALLEY SCHOOL DISTRICT 49-6  
REGISTRATION INFORMATION**

**THIS FORM MUST BE FILLED OUT BY THE STUDENT'S LEGAL GUARDIAN:**

**NAME** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **M or F**  
LAST FIRST MIDDLE

**BIRTHDATE** \_\_\_\_\_ **SS#** \_\_\_\_\_ **PLACE OF BIRTH** \_\_\_\_\_

**STUDENT'S CELL NUMBER** \_\_\_\_\_ (Optional)

<b>RACE/ETHNICITY</b>		
IS THE STUDENT HISPANIC OR LATINO? _____ NO, NOT HISPANIC OR LATINO _____ YES, HISPANIC OR LATINO		
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WHAT IS THE STUDENT'S (OR YOUR) RACE? <i>(Regardless of how you answered the first question, choose one or more.)</i>		
_____ AMERICAN INDIAN OR ALASKA NATIVE	_____ ASIAN	_____ NATIVE HAWAIIAN OR
_____ BLACK OR AFRICAN AMERICAN	_____ WHITE	_____ OTHER PACIFIC ISLANDER

<b>HEAD(S) OF HOUSEHOLD INFORMATION: With whom does the student live?</b>			
FATHER/MOTHER _____	FOSTER PARENT _____	GUARDIAN _____	
FATHER _____	FATHER/STEPMOTHER _____	FATHER/FATHER'S FRIEND _____	STEPMOTHER _____
MOTHER _____	MOTHER/STEPFATHER _____	MOTHER/MOTHER'S FRIEND _____	STEPFATHER _____
<b>* IT IS THE RESPONSIBILITY OF THE LEGAL GUARDIAN TO SUBMIT LEGAL DOCUMENTS REGARDING CUSTODY OR RESTRAINING ORDERS, ETC. TO THE SCHOOL.</b>			

<b>FATHER</b>	LAST NAME: _____ FIRST NAME: _____	STREET ADDRESS: _____	
	EMAIL ADDRESS: _____	CITY: _____	ZIP: _____
	CELL PHONE: _____	WORK PHONE: _____	EXT: _____
	HOME PHONE: _____	WORK PLACE: _____	

<b>MOTHER</b>	LAST NAME: _____ FIRST NAME: _____	STREET ADDRESS: _____	
	EMAIL ADDRESS: _____	CITY: _____	ZIP: _____
	CELL PHONE: _____	WORK PHONE: _____	EXT: _____
	HOME PHONE: _____	WORK PLACE: _____	

**OTHER CHILDREN IN FAMILY**

CHILD'S NAME	DATE OF BIRTH	GRADE	GENDER
_____	_____	_____	M or F
_____	_____	_____	M or F
_____	_____	_____	M or F
_____	_____	_____	M or F

**EMERGENCY CONTACT INFORMATION:  
(PLEASE DO NOT LIST PARENTS HERE)**

<b>EMERGENCY CONTACT</b>	LAST NAME: _____ FIRST NAME: _____	
	RELATIONSHIP TO STUDENT:	STREET ADDRESS:
	EMAIL ADDRESS:	CITY: _____ ZIP: _____
	CELL PHONE:	WORK PHONE: _____ EXT: _____
	HOME PHONE:	WORK PLACE:

<b>EMERGENCY CONTACT</b>	LAST NAME: _____ FIRST NAME: _____	
	RELATIONSHIP TO STUDENT:	STREET ADDRESS:
	EMAIL ADDRESS:	CITY: _____ ZIP: _____
	CELL PHONE:	WORK PHONE: _____ EXT: _____
	HOME PHONE:	WORK PLACE:

**LANGUAGE**

What is the language most frequently spoken at home?

Which language did your child learn when he/she first began to talk?

What language does your child most frequently speak at home?

What language do you most frequently speak to your child?

**PREVIOUS SCHOOL ENROLLMENT INFORMATION FOR THE STUDENT YOU ARE REGISTERING:**

Did the student receive any of the following services at their previous school(s)?

Individual Education Plan (IEP) \_\_\_\_ Therapy (OT/PT) \_\_\_\_ Speech/Language \_\_\_\_ ELL \_\_\_\_ Resource \_\_\_\_ Other \_\_\_\_

\_\_\_\_\_  
SCHOOL NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE #

\_\_\_\_\_  
FAX#

\_\_\_\_\_  
LEGAL GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE