

Student Registration Information

Name: _____
First Middle Last

Address: _____
Street City State/Zip

Phone: _____ SSN _____ Class (K-8) _____

DOB: _____ Birth City, County & State: _____

Parent/Guardian Information

Father's Name _____
First Last

Address: _____
Street City State/Zip

Employer: _____
Name Phone Number/Extension

Mother's Name _____
First Last

Address: _____
Street City State/Zip

Employer: _____
Name Phone Number/Extension

Student resides with: (Please mark one)

Mr. & Mrs. ____ Mr. ____ Mrs. ____ Ms. ____ Other ____

First Name _____ Last Name _____

Relationship to Student _____
(Parent/Mother/Father/Foster/Grandparent/etc.)

Emergency Contact Information (other than parent/guardian)

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

My child has my permission to attend the scheduled classroom Field Trips Yes No

I have received a copy of the Selmaville School District Policy on Student Records Yes No

I have received a copy of the Selmaville School Handbook Yes No

Selmaville School has permission to post pictures of my child on our webpage. Yes No

Signature _____ Date _____