Date Enrolled: _____

ST CLAIR COUNTY SCHOOLS

REGISTRATION FORM

Truth in Registration Statement:

I certify that the information on this registration form is true. I understand that if I provide false information on this form that my child(ren) may be removed from the school in which they are currently enrolled and placed in the school in which they are zoned. **It is my responsibility to make sure that all information is kept current with the school.**

Name, City, and State of Previous School: _____

Grade: K 1 2 3 4 5 6 7 8 9 10 11 12 **Homeroom:** _____

Name: _____
Last First Middle Name Called

PO Address: _____
PO Box City State Zip Code

Street Address: _____
Street City State Zip Code

Social Security Number: _____ **Sex:** ☐ Male ☐ Female **Date of Birth:** _____

Ethnic Group: ☐ Black ☐ Caucasian ☐ Hispanic ☐ Island Pacificer/Asian ☐ American Indian/Alaskan Native

Special Needs: ☐ Special Education ☐ Speech/Language ☐ 504 Plan ☐ BBSST ☐ G ifted

AM Transportation: ☐ Car Rider ☐ Walker ☐ Bus Rider (Bus Driver/Bus Number _____)
PIVI Transportation: ☐ Car Rider ☐ Walker ☐ Bus Rider (Bus Driver/Bus Number _____)

Student Lives With: ☐ Both Parents ☐ Single Mother ☐ Single Father ☐ Mother/Stepfather ☐ Father/Stepmother ☐ Grandparents ☐ Other _____

List the name and grade of siblings attending school.

1. _____ 2. _____ 3. _____

	Mother/Legal Guardian Information	Father/ Legal Guardian Information
Last Name/First Name:		
Address (if different):		
Home Phone:		
Cellular Phone:		
Employed By:		
Work Phone:		
E-Mail:		

List any person(s) who by court decree is RESTRAINED from taking your child. A copy of the court decree MUST be on file in the office before the school can honor this statement.

1. _____ 2. _____ 3. _____

(Please Complete the Back of this form.)