

Online Registration Form

Student Data

Please review and correct the student information below.

First Name:	Middle Name:	Last Name:
Mailing Address:		
Grade Level:	Birth Date:	Birth Place:
Gender:	Primary Home Language:	Birth Country:
Disability:	IDEA Services:	Acceptable Use Policy on File?:
Allow publicity photo on website?:	Allowed to visit park with supervision?:	Transportation Code:
Ethnicity (Please check one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Race (Please check all applicable) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	

Please indicate any court-imposed restrictions or general alert (non-medical) information concerning your child:

General Alerts:

Contact Data

Please review and correct the contact information below. Home and Cell numbers will be added to SchoolMessenger.

Contact Relationship:	Name:	
Home Phone:	Work Phone:	Cell Phone:
Address:		
Can Pick Up Student?:	Email Address:	

Contact Relationship:	Name:	
Home Phone:	Work Phone:	Cell Phone:
Address:		
Can Pick Up Student?:	Email Address:	

Contact Relationship:	Name:	
Home Phone:	Work Phone:	Cell Phone:
Address:		
Can Pick Up Student?:	Email Address:	

Contact Relationship:	Name:	
Home Phone:	Work Phone:	Cell Phone:
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