

Online Registration Form

Student Data

Please review and correct the student information below.

First Name:	Middle Name:	Last Name:
Mailing Address:		
Physical Address 1:	Physical Address 2:	Physical City:
Physical State:	Physical Zip:	Grade Level:
Birth Date:	Birth Place:	Gender:
Primary Home Language:	Birth Country:	Transportation Code:
IDEA Services:	504 Accommodation:	Disabled:
Acceptable Use Policy on File?:	Allow publicity photo on website?:	Allowed to visit park with supervision?:
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	Ethnicity (Please check one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	

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. Also, note if the student has siblings enrolled in the district.

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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