

GREENLAND SCHOOL DISTRICT STUDENT REGISTRATION FORM

PLEASE COMPLETE THE FOLLOWING REQUIRED INFORMATION

Student Last Name	First	Middle	Grade	Sex
Social Security Number (optional)	Birthdate	Birthplace	Home Phone	Primary Contact Phone

Is the student Hispanic or Latino? (Choose Only One) ___ No, not Hispanic or Latino ___ Yes, Hispanic or Latino

What is the student's race? (Check One or More) ___ American Indian or Alaska Native ___ Asian
 ___ Black or African American ___ Native Hawaiian or Other Pacific Islander ___ White

Primary Home Language : (language spoken at home)	Does the student reside in the household of a person who is on active military duty or serving in the reserve of the United States armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

GUARDIAN INFORMATION

Person(s) with whom student is living with: (Check One)

___ Both Parents ___ Mother Only ___ Father Only ___ Self ___ Agency
 ___ Mother/Stepfather ___ Father /Stepmother ___ Stepfather/Stepmother ___ Guardian ___ Other (Specify)

Is there a divorce, separation, abandonment, custody or endangerment situation involving this child? ___ Yes ___ No

Is there a court order that restricts either parent from contact with the student or access to student records? ___ Yes ___ No

Do you have a current court order on file in the office? ___ Yes ___ No

1 st Parent/Guardian Last Name	First Name	Work Place/City /State	Work Phone	Ext
			Cellular/Pager	
1 st Parent/Guardian Mailing Address		City/State	Zip	
911 Street Address		City/State	Zip	

2 nd Parent/Guardian Last Name	First Name	Work Place/City/State	Work Phone	Ext
			Cellular/Pager	
2 nd Parent/Guardian Address		City/State	Zip	

List persons (other than yourself) usually available during the school day who have agreed to care for and provide transportation for your student if he/she becomes ill or injured and you cannot be reached and/or who has access (visit, check out, pick-up) to the child during school hours.

Name	Relationship to Student	Address	Phone	Alternate Phone
Name	Relationship to Student	Address	Phone	Alternate Phone
Name	Relationship to Student	Address	Phone	Alternate Phone
Name	Relationship to Student	Address	Phone	Alternate Phone
Name	Relationship to Student	Address	Phone	Alternate Phone

Office Use Only	Start Date	HR Teacher	Triand City/State
-----------------	------------	------------	-------------------

