

# Dozier Elementary Registration Form 2020-2021

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ GENDER: M or F ETHNIC: \_\_\_\_\_ SS# \_\_\_\_\_  
Month Date Year

OFFICE WILL COMPLETE: Grade Level: _____ Teacher Assigned: _____ Transportation: _____ Admission Date: _____ Records Request Sent On: _____ Records Received On: _____ School Personal Signature: _____ Date: _____ Entered in JCampus on _____ by _____
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Child's Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Child's Home Phone # \_\_\_\_\_ Alternate Home Phone # \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Guardian's Phone # \_\_\_\_\_

Guardian's Relationship to Student: (Circle One) Father Mother Court Appointed Foster Parent

Birth Mother's Name \_\_\_\_\_ Birth Mother's Cell # \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Phone # at work \_\_\_\_\_

Birth Father's Name \_\_\_\_\_ Birth Father's Cell # \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Phone # at work \_\_\_\_\_

Marital Status of Student' Parents: (Circle One) **Married Divorced Separated Never Married Widowed**  
If custody issue, Custody Papers must be provided and special visitation rights must be given to office.

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PLEASE LIST SOMEONE OTHER THAN THE PARENT/GUARDIAN

EMERGENCY Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_

EMERGENCY Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_

EMERGENCY Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_

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Medical Information: Doctor \_\_\_\_\_ Dentist \_\_\_\_\_

Allergies or Medical Conditions: \_\_\_\_\_

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**Kindergarten Only:**  
\_\_\_\_ K01: Public School Pre-Kindergarten      \_\_\_\_ K05: Headstart Program  
\_\_\_\_ K02: Non Public Pre-Kindergarten      \_\_\_\_ K06: Tribal Schools  
\_\_\_\_ K03: Licensed Childcare      \_\_\_\_ K07: Home (No Pre-K)  
\_\_\_\_ K04: Family Daycare Home Program

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Please Indicate Special Services:  
**Special Services:** \_\_\_\_ SPED \_\_\_\_ Speech \_\_\_\_ RTI Process \_\_\_\_ 504 \_\_\_\_ LEP \_\_\_\_ Gifted

**Specify any learning problems or special help need:**

**Last School Attended:** \_\_\_\_\_

*I attest that the information provided by me, in answer to the questions contained in this form, is true and correct.*

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_