



REGISTRATION FORM

STUDENT INFORMATION

Student Name: _____ Birth Date: / /
(First) (Middle) (Last) (Preferred)

Social Security Number: _____ Student Phone: _____

Doctor: _____ Address: _____ Phone: _____

Student Lives With: Mother Father Other: _____

Student Resident Address: _____
(Street Address) (City) (ZIP)

Mailing Address if Different: _____
(Street Address) (City) (ZIP)

List All Children In Order Of Birth:	Birth Date	Gender:	Ethnicity Circle: [A]sian [B]lack [H]ispanic [N]ative American [W]hite	Name of School Attending:
	/ /	[]M []F	A. B. H. N. W.	
	/ /	[]M []F	A. B. H. N. W.	
	/ /	[]M []F	A. B. H. N. W.	
	/ /	[]M []F	A. B. H. N. W.	
	/ /	[]M []F	A. B. H. N. W.	
	/ /	[]M []F	A. B. H. N. W.	
	/ /	[]M []F	A. B. H. N. W.	

GUARDIAN INFORMATION

Parent/Guardian Name: Mother: _____ Father: _____

Resident Address: _____
(Street Address) (City, State, Zip)

Home Phone (if different from student): _____ Email: _____

Employer(s): _____ Phone: _____

Non-Custodial Guardian: _____
(Name) (Relationship)

Address: _____
(Street Address) (City) (State)

Home Phone: _____ Email: _____

Employer(s): _____ Phone: _____

MISCELLANEOUS INFORMATION

Name of Last School Attended: _____

City: _____ State: _____ Phone: _____

Has Your Child Ever Attended a South Lane School? Yes No

Has Your Child Received Special Services? Yes No When? _____ Where? _____

Mark all that apply: Special Education TAG 504 Plan Behavioral Assistance Academic Assistance