

Student Registration Sparta Township Public Schools

SCHOOL: _____ DATE OF REGISTRATION: _____ ENTRANCE GRADE: _____

STUDENT'S LEGAL NAME (Last / First / Middle) _____ STUDENT # _____ NICK NAME _____ M F
GENDER

DATE OF BIRTH (mm/dd/yy) _____ AGE _____ PLACE OF BIRTH (City, State, Country) _____ HOME LANGUAGE _____

ETHNIC CODE (please circle one):
 W = White B = Black I = American Indian/Alaskan
 A = Asian/Pacific Islander H = Hispanic P = Hawaiian Native / Other Pacific Island

LAST SCHOOL ATTENDED: _____
 NAME _____ CITY _____ STATE _____ DATE LEFT _____

HOME ADDRESS: _____
 STREET _____ CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS: _____
 (if different from above) STREET _____ CITY _____ STATE _____ ZIP CODE _____

RESIDES WITH: _____ PLEASE CHECK IF CUSTODIAL PAPERS ARE ATTACHED/HAVE BEEN SENT: _____

CONTACT 1

NAME _____ ADDRESS (if different from above) _____ RELATIONSHIP TO STUDENT _____

EMPLOYER _____ HOME TELEPHONE _____ WORK TELEPHONE _____ CELL NUMBER _____

CONTACT 2 - Please check if this person is the emergency contact: _____

NAME _____ ADDRESS (if different from above) _____ RELATIONSHIP TO STUDENT _____

EMPLOYER _____ HOME TELEPHONE _____ WORK TELEPHONE _____ CELL NUMBER _____

CONTACT 3 - Please check if this person is the emergency contact: _____

NAME _____ ADDRESS (if different from above) _____ RELATIONSHIP TO STUDENT _____

EMPLOYER _____ HOME TELEPHONE _____ WORK TELEPHONE _____ CELL NUMBER _____

CONTACT 4 - Please check if this person is the emergency contact: _____

NAME _____ ADDRESS (if different from above) _____ RELATIONSHIP TO STUDENT _____

EMPLOYER _____ HOME TELEPHONE _____ WORK TELEPHONE _____ CELL NUMBER _____

SIGNATURE OF STUDENT _____ SIGNATURE OF MOTHER/GUARDIAN _____ SIGNATURE OF FATHER/GUARDIAN _____