ELOY ELEMENTARY SCHOOLS

INTERMEDIATE SCHOOL

STUDENT REGISTRATION

Offical Use Only:
Entering Date: _____ Code:_____Grade:_____Walk:_____ Bus:_____Bus Name_____
Teacher:_____Room #_____

Student's Name_____ Male _____Female_____
Address_____Home Phone_____
Mailing Address:_____City & Zip Code_____
Birthdate_____Place of Birth_____
Father's Name_____Employed at_____
Phone #_____Cell #_____
Mother's Name_____Employed at_____
Phone#_____Cell #_____
Child Resides With - Both Parents_____Mother Only _____Father Only_____
Other_____ if not residing with parents, whom does child reside with?
Name_____Relationship_____
Email Address:_____
Is the student Hispanic or Latino? □Yes □No What is the student's race? □African American
□American Indian □Asian □Pacific Islander □White

1. What is the primary language use in the home regardless of the language spoken by the student? _____
2. What is the language most often spoken by the student? _____
3. What is the language that the student first acquired? _____

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Please indicate where child attended school prior to transfer_____
Can child participate in all physical activities? Yes_____No_____
If answer is no, please explain._____
Please list the child's brothers, sisters and their ages.

Brothers	**Ages**	**Sisters**	**Ages**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Emergency Contacts:

Name_____Phone #'s_____Relationship_____
Name_____Phone #'s_____Relationship_____
Name_____Phone #'s_____Relationship_____
Doctors Name & Phone #_____
Dentists Name & Phone #_____

I GIVE MY PERMISSION FOR MY CHILD TO RECEIVE EMERGENCY MEDICAL TREATMENT, OR FIRST AIDE, BY A PHYSICIAN, OR THE SCHOOL NURSE, IF SUCH TREATMENT BECOMES NECESSARY.

_____ _____
Parent's Signature Date