

ELOY ELEMENTARY SCHOOLS
ELOY JR. HIGH SCHOOL
STUDENT REGISTRATION

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

What is the primary language of the student? _____

(Answer with the language used most often by the student.)

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

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