

Grant Park CUSD #6

STUDENT REGISTRATION FORM

Please fill out all information

Student Information

<u>Student</u>	<u>Gender</u>	<u>Grade</u>	<u>Birth Date</u>	<u>Social Security #</u>					
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Home Address

Street/PO Box	Town	Zip Code
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Primary Phone Number (_____) _____

Parent/Guardian Information Married Divorced Separated Single

Parent #1 Information *Circle One* Father Mother

First Name	Last Name
Address	Does student live with this parent? Yes No
Workplace	Work Phone
Cell Phone	Email Address

Parent #2 Information *Circle One* Father Mother

First Name	Last Name
Address	Does student live with this parent? Yes No
Workplace	Work Phone
Cell Phone	Email Address

Parent #3 Information *Circle One* Stepfather Stepmother

First Name	Last Name
Address	Does student live with this parent? Yes No
Workplace	Work Phone
Cell Phone	Email Address

Home Language Survey

1. Is a language other than English spoken in your home?
No _____ Yes _____ If yes, what language? _____
2. Does your child speak a language other than English?
No _____ Yes _____ If yes, what language? _____

If the answer to either question is yes, the law requires the school to assess your child's English language proficiency.

Parent Signature _____

Date _____

Emergency Contact Information

****Please supply contacts other than parents****

Contact #1

_____ Name _____

_____ Phone Number _____

Contact #2

_____ Name _____

_____ Phone Number _____

Bus Transportation Needed

No _____ Yes _____

If yes, address: _____

Days Needed: _____

Payment Information

(Office Staff Only)

Amount Paid \$ _____

Fees Paid

Registration \$ _____

Technology \$ _____

Sports \$ _____

Lab Fees \$ _____

Workbook Fee \$ _____

AP Classes \$ _____

Driver's Ed \$ _____

Career Center \$ _____

Misc. Fees \$ _____

Method

Cash

Check

Credit Card

Date Paid _____

Balance Due

\$ _____