

# SILVER CREST ELEMENTARY STUDENT REGISTRATION FORM

Registration Date \_\_\_\_\_

Entry Date \_\_\_\_\_

## STUDENT INFORMATION

Last Name	First Name	Sex	Date of Birth	Teacher	Grade	Student No.

### GUARDIAN #1

Legal Custodial Guardian: Yes / No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

PRIMARY PHONE No.

PHONE No. 2

PHONE No. 3

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Email: \_\_\_\_\_

### GUARDIAN #2

Legal Custodial Guardian: Yes / No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

PRIMARY PHONE No.

PHONE No. 2

PHONE No. 3

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Email: \_\_\_\_\_

**RACE:** AMERICAN INDIAN \_\_\_\_\_ HISPANIC \_\_\_\_\_ PACIFIC ISLAND \_\_\_\_\_ BLACK \_\_\_\_\_  
 CAUCASIAN \_\_\_\_\_ ASIAN \_\_\_\_\_ OTHER \_\_\_\_\_ (please specify race)

**ETHNICITY:** NO NOT HISPANIC/LATINO \_\_\_\_\_ YES HISPANIC/LATINO \_\_\_\_\_

1. What was the first language the student learned to speak? \_\_\_\_\_
2. Which language is used most by your student? \_\_\_\_\_
3. Which language is spoken most often in the student's home? \_\_\_\_\_
4. Student's Country of birth? \_\_\_\_\_

**EMERGENCY CONTACTS** - (I give permission to release or send my child/children home to the person(s) listed below for care, if I cannot be contacted). **\*Parents will always be called first.**

FIRST AND LAST NAME	RELATIONSHIP	PHONE NO #1	PHONE NO #2

**\*PREVIOUS SCHOOL INFORMATION**

SCHOOL \_\_\_\_\_ DISTRICT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ GRADE \_\_\_\_\_

**\*OTHER CHILDREN REGISTERED IN JORDAN SCHOOL DISTRICT: LIST OLDEST FIRST**

NAME

BIRTHDATE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WILL STUDENTS BE RIDING A DAY CARE BUS? IF SO, WHICH DAYCARE \_\_\_\_\_

\_\_\_\_\_

**OFFICE USE ONLY:**

BIRTH CERT //

IMMUN //

POSTCARD/LTR //

MEDIA //

CAFETERIA //

READING //

TEACHER // PROOF RESIDENCY //