



NOME PUBLIC SCHOOLS ANNUAL STUDENT REGISTRATION FORM

This information is required to be updated each year, and as needed; please PRINT CLEARLY or TYPE

Student's Legal Name: _____ Grade: _____ Gender: M / F (circle one)
Last First Middle

Date of Birth: _____ Age: _____ Place of Birth: _____
City and State

Student Ethnicity: Is your child Hispanic or Latino? Y / N
Circle one or more of the following races that you wish to identify with:
African American/Black American Indian Alaska Native Asian Caucasian Native Hawaiian/Pacific Islander

Home Phone: _____ PO Box: _____ Physical Address: _____
House number, street, apartment number

Is this student enrolled in special education? Y / N (circle one) First time enrolling in this district? Y / N (circle one)

Last Grade Completed: _____

Name and address of previous school attended (if not in this district): _____

Name and age of other children in same household: _____

Parents/Legal Guardians: *please list parents and legal guardians ONLY, in order of contact*

<u>Name</u>	<u>Relationship to Student</u>	<u>Live w/student? Y/N</u>	<u>Mailing Address</u>	<u>Employer</u>	<u>Phone Numbers</u>
_____	_____	_____	_____	_____	Hm: _____
Parent/Guardian Email address: _____					Cell: _____ Wk: _____
_____					Hm: _____
Parent/Guardian Email address: _____					Cell: _____ Wk: _____

Other LOCAL Emergency Contacts: *please list at least one local person other than parents/guardians*

<u>Name</u>	<u>Relationship to Student</u>	<u>Phone Numbers</u>
_____	_____	_____
_____	_____	_____

REQUIRED:
Parent/Guardian Signature: _____ Date: _____

FOR SCHOOL USE ONLY
Date enrolled: _____ Homeroom teacher: _____ State ID: _____ (if known)
Immunizations received: _____ Birth Certificate received: _____ Records requested: _____
Records received and checked by: _____
Signature Date