

MARSHALL COUNTY REGISTRATION FORM

Student's Name _____ **Date** _____
Last First Middle Preferred Name

Student's Social Security Number _____ **Birthdate** _____ **Birthplace** _____

Mother's Maiden Name _____

Address _____ **ZIP Code** _____
Number Street City County State

Mailing Address (if different) _____

Student's Home Phone _____ **Gender (circle one)** Male Female

Student's Ethnicity (choose one) _____ Non-Hispanic _____ Hispanic		
Race: Check all that apply	Student's Spoken Language	Principal language spoken in student's home
<input type="checkbox"/> White	<input type="checkbox"/> English	<input type="checkbox"/> English
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Spanish	<input type="checkbox"/> Spanish
<input type="checkbox"/> American Indian	<input type="checkbox"/> Other: please specify _____	<input type="checkbox"/> Other: please specify _____
<input type="checkbox"/> Native Hawaiian or Pacific Islander		
<input type="checkbox"/> Asian		

Grade _____ **Special Education (Circle one)** Yes No

Students Born in a Country other than the US only:					
Year Entered US _____	First year attended US school _____				
Migrant (seasonal): Yes No	Refugee: Yes No				

Previous School _____ **Address** _____ **Phone #** _____

Student's AM Bus _____ **PM Bus** _____ **Imagination Library:** Yes No

Legal Custody of Student (Circle one) Both Parents Mother Father Other (specify) _____
Custodial Parent/Guardian's Name _____ Last First Middle
Place of Employment _____ Day Phone _____ Night Phone _____ Cell Phone _____
Custodial Parent/Guardian's Name _____ Last First Middle
Place of Employment _____ Day Phone _____ Night Phone _____ Cell Phone _____

Medical or Legal Information about your child:

Siblings Name _____ Name _____
Name _____ Name _____
Name _____ Name _____

Name of Emergency Contact and those with permission to pick up children:

#	Name	Relation	Day Phone	Cell Phone
#1	_____	_____	_____	_____
#2	_____	_____	_____	_____
#3	_____	_____	_____	_____
#4	_____	_____	_____	_____

Parent E-mail Address _____

In the event that I cannot be reached, the emergency contact persons named may take responsibility for my child. Should I not be able to be contacted in a situation where medical treatment is necessary, I give permission for Marshall County School Personnel to transport my child to the nearest emergency room by ambulance if necessary.

Signature of Custodial Parent _____ **Date** _____

Homeroom _____ **Locker #** _____