

Grade:

**RIVER BEND C.U.S.D. # 2
REGISTRATION FORM
2010-2011**

For Office Use Only
B.C./H.R. _____
IMMUN. _____

Student First Name:

Middle Name:

Last Name:

Home Address:

City:

State:

Zip:

Home Phone Number:

Student Cell Phone:

Student Email Address:

Ethnicity:

- (11) Hispanic/Latino
- (12) American Indian/Alaska Native
- (13) Asian
- (14) Black/African American
- (15) Native Hawaiian/Pacific Islander
- (16) White
- (17) Two or More Races
- (99) Decline to Specify

Is the student Hispanic or Latino? Yes/No/Decline to Specify

Gender (M/F):

Date of Birth:

Social Security Number (SSN):

Mailing Address:

City:

State:

Zip:

Second Parent Mailing Address: .
(If a parent at a different address requires school mailings.)

City:

State:

Zip:

Father's Name:

Father's Employer:

Father's Address:
(If different from mailing address.)

City:

State:

Zip:

Father's Home Phone:

Father's Day/Work Phone:

Father's Cell Phone:

Father's Email Address:

Mother's Name:

Mother's Employer:

Address:
(If different from mailing address.)

City:

State:

Zip:

Mother's Home Phone:

Mother's Day/Work Phone:

Mother's Cell Phone:

Mother's Email Address:

Single Parent Household (True/False):

Living With (Parents, Father, Mother, Guardian, Foster Parents, Grandparents, Other): .

Specify Other:.

(OVER)

Guardian First Name:
(If living with guardian)

Guardian Last Name:

Guardian Email:

Guardian's Relationship: .
(Aunt, Brother, Father, Friend, Grandfather, Grandmother, Mother, Neighbor, Other, Sister, Uncle)

Emergency Contact 1 Name:

Phone:

Phone Type (Cell, Home, Work):

Relationship:
(Aunt, Brother, Father, Friend, Grandfather, Grandmother, Mother, Neighbor, Other, Sister, Uncle)

Emergency Contact 2 Name:

Phone:

Phone Type (Cell, Home, Work):

Relationship:
(Aunt, Brother, Father, Friend, Grandfather, Grandmother, Mother, Neighbor, Other, Sister, Uncle)

Emergency Contact 3 Name:

Phone:

Phone Type (Cell, Home, Work):

Relationship:
(Aunt, Brother, Father, Friend, Grandfather, Grandmother, Mother, Neighbor, Other, Sister, Uncle)

Doctor:

Doctor's Phone:

Allergies:

Global Connect Emergency Phone #1:

Global Connect Emergency Phone #2:

Global Connect Emergency Email:

I decline using the Global Connect Emergency Broadcast System to notify me of school cancellations or closings (Yes/No):

I have read all information and corrected any inaccuracies as it pertains to _____. I verify that all information given is correct and accurate. In the event of any changes that would affect this information, I will contact the school to make the appropriate updates.

Signature of Parent or Guardian: _____ Date _____