

**ELOY ELEMENTARY SCHOOLS  
ELOY JR. HIGH SCHOOL  
STUDENT REGISTRATION**

Entering Date: \_\_\_\_\_ Code: \_\_\_\_\_ Grade: \_\_\_\_\_ Walk: \_\_\_\_\_ Bus: \_\_\_\_\_ Bus Name \_\_\_\_\_  
Teacher: \_\_\_\_\_ Room # \_\_\_\_\_

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Student's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City & Zip Code \_\_\_\_\_

Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Employed at \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employed at \_\_\_\_\_

Phone# \_\_\_\_\_ Cell # \_\_\_\_\_

Child Resides With - Both Parents \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_

Other \_\_\_\_\_ if not residing with parents, whom does child reside with?

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

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

Is the student Hispanic or Latino?  Yes  No What is the student's race?  African American  
 American Indian  Asian  Pacific Islander  White

What is the primary language of the student? \_\_\_\_\_

(Answer with the language used most often by the student.)

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Please indicate where child attended school prior to transfer \_\_\_\_\_

Can child participate in all physical activities? Yes \_\_\_\_\_ No \_\_\_\_\_

If answer is no, please explain. \_\_\_\_\_

Please list the child's brothers, sisters and their ages.

<u>Brothers</u>	<u>Ages</u>	<u>Sisters</u>	<u>Ages</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Emergency Contacts:

Name \_\_\_\_\_ Phone #'s \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone #'s \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone #'s \_\_\_\_\_ Relationship \_\_\_\_\_

Doctors Name & Phone # \_\_\_\_\_

Dentists Name & Phone # \_\_\_\_\_

I GIVE MY PERMISSION FOR MY CHILD TO RECEIVE EMERGENCY MEDICAL TREATMENT, OR FIRST AIDE, BY A PHYSICIAN, OR THE SCHOOL NURSE, IF SUCH TREATMENT BECOMES NECESSARY.

\_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_