

# AUBURN SCHOOL DISTRICT No. 408

## STUDENT REGISTRATION FORM

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY		
STUDENT SCHOOL NUMBER	SCHOOL ENTRY DATE	HOMEROOM NUMBER/ADVISOR

STUDENT NAME: Legal Last Name		Legal First Name	Legal Middle Name	Also known as:
BIRTHDATE (Month/Day/Year)	GENDER (M/F)	BIRTHPLACE: City	State	Country
ETHNIC CODE (Check One) <input type="checkbox"/> A-Asian or Pacific Islander <input type="checkbox"/> B-Black, not of Hispanic origin <input type="checkbox"/> H-Hispanic <input type="checkbox"/> W-White not of Hispanic origin <input type="checkbox"/> I-American Indian or Alaska Native		PRIMARY LANGUAGE SPOKEN AT HOME <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ <input type="checkbox"/> Russian <input type="checkbox"/> Ukrainian		

PRIMARY HOUSEHOLD (parent/guardian where student resides) <i>Last Name (LEGAL) First Name</i>		PHONE #1 - Home Phone (include area code)	Guardian #1 Work Phone: (include area code)	Guardian #1 (include area code) <input type="checkbox"/> Cell <input type="checkbox"/> Pager		
PRIMARY HOUSEHOLD (parent/guardian where student resides) <i>Last Name (LEGAL) First Name</i>		Please check if unlisted <input type="checkbox"/>	Guardian #2 Work Phone: (include area code)	Guardian #2 (include area code) <input type="checkbox"/> Cell <input type="checkbox"/> Pager		
RESIDENT ADDRESS	<i>Street</i>		Apt #	City	State	ZIP
MAILING ADDRESS <i>If different</i>	<i>Street</i>	Apt #	PO Box	City	State	ZIP
STUDENT LIVES WITH <input type="checkbox"/> Both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparents <input type="checkbox"/> Father only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other _____		GUARDIAN EMAIL ADDRESS				

When a non-emergency situation occurs involving your child, we want to be able to quickly reach responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child.

### EMERGENCY CONTACT INFORMATION

PRIMARY CONTACT (other than parent/guardian) <i>Last Name First Name</i>	Relationship To Child:	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
PRIMARY CONTACT ADDRESS <i>Street</i> <i>City,</i> <i>State,</i> <i>ZIP</i>			
SECONDARY CONTACT (other than parent/guardian) <i>Last Name First Name</i>	Relationship To Child:	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
SECONDARY CONTACT ADDRESS <i>Street</i> <i>City,</i> <i>State,</i> <i>ZIP</i>			
THIRD CONTACT (other than parent/guardian) <i>Last Name First Name</i>	Relationship To Child:	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
THIRD CONTACT ADDRESS <i>Street</i> <i>City,</i> <i>State,</i> <i>ZIP</i>			

**STUDENT RELEASE AUTHORIZATION:** In the event the school is unable to contact the parent/guardian, I authorize my child may be released to the person(s) listed above.

*Legal Parent/Guardian Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION:** If the parents or legal guardian on this registration record cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, I authorize and direct the school authorities to send the pupil (properly accompanied) to the hospital or doctor most easily accessible. I understand I will assume full responsibility for the payment of any services rendered.

*Legal Parent/Guardian Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

