

SID# _____

DATE _____

SOMERDALE PARK SCHOOL REGISTRATION FORM

STUDENT'S NAME _____ GRADE _____

BIRTHDATE _____

CITY & STATE OF BIRTH _____

COUNTRY OF BIRTH _____

HOME PHONE _____ CELL PHONE _____

ADDRESS _____
Apt./House # Street

City / State / Zip Code

STUDENT RESIDES WITH - PLEASE CIRCLE ALL THAT APPLY:

Both Parents Mother Father Stepmother Stepfather Grandparents Guardian

MOTHER'S NAME _____

HOME ADDRESS (if different than student) _____

PLACE OF BIRTH _____ U.S. CITIZEN? _____

MOTHER'S OCCUPATION _____ COMPANY _____

BUSINESS PHONE _____

MARITAL STATUS _____
(e.g. married divorced separated single)

STEPFATHER NAME IF APPLICABLE: _____

FATHER'S NAME _____

HOME ADDRESS (if different than student) _____

PLACE OF BIRTH _____ U.S. CITIZEN? _____

FATHER'S OCCUPATION _____ COMPANY _____

BUSINESS PHONE _____

MARITAL STATUS _____
(e.g. married divorced separated single)

STEPMOTHER NAME IF APPLICABLE: _____

PREVIOUS SCHOOL NAME: _____

ADDRESS: _____

SCHOOL TELEPHONE #: _____ FAX #: _____

CHECK OFF ANY SERVICES THAT THE STUDENT WAS CURRENTLY RECEIVING AT PREVIOUS SCHOOL:

- Basic Skills Speech Special Education
- 504 Plan ESL (English as Second Language)

LIST ALL OTHER OCCUPANTS OF THE HOME

NAME	AGE	RELATIONSHIP TO STUDENT

ETHNICITY:

- BLACK HISPANIC ASIAN
- WHITE AMERICAN INDIAN PACIFIC ISLANDER

LANGUAGE SPOKEN AT HOME _____

EMERGENCY CONTACT NAME _____ PHONE _____

ADDRESS _____

MUST PROVIDE ALL OF THE FOLLOWING FOR REGISTRATION:

- TRANSFER CARD FROM PREVIOUS SCHOOL (If applicable)
- BIRTH CERTIFICATE (original)
- PROOF OF RESIDENCE – **TWO FORMS REQUIRED**
(dated lease, mortgage, electric, phone, gas)
- REPORT CARD FROM PREVIOUS SCHOOL
- CURRENT PHYSICAL/SHOT RECORDS (must be less than 1 year old)
- AFFIDAVIT – IF RESIDING WITH SOMEONE ELSE IN DISTRICT