

For office use

Student # _____

PIERCE ELEMENTARY SCHOOL

REGISTRATION FORM

Name _____ Sex _____ Grade _____ Today's Date _____

Address _____ City _____ Home telephone _____

Mom's cell number _____ Dad's cell number _____

Birthdate _____ Birthplace _____ Birth Certificate (copy at school) _____

Ethnicity – Is the student Hispanic or Latino? _____ Yes _____ No

Race: White, American Indian or Alaska Native, Black or African American, Asian (circle one or more)

Lives with (name and relationship): _____

Resident of Pierce Public Schools Dist. 2? yes _____ no _____

If no, what is the school district of residence _____

Has your child attended any other Pre-School or School? Yes _____ No _____

If yes, what is the Name of the previous school? _____

Father's name _____ Address _____

Occupation/ Employer _____ Business Telephone _____

Mother's name _____ Address _____

Occupation /Employer _____ Business Telephone _____

Guardian (if different) _____ Address _____

Occupation /Employer _____ Business Telephone _____

Is this student receiving services for: Speech _____ 504 _____ Title _____ SpEd. _____ OT _____ PT _____

Brothers and Sisters:

Name Birthdate

_____	_____
_____	_____
_____	_____
_____	_____

Emergency contact name (Other than Parent /guardian) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Are you on a rural bus route: Yes _____ No _____

(Signature)