

Region 15 Initial Student Registration Form

Date of Entry: _____

Today's Date: _____ School: _____

Student Name: _____
Last First Middle

Grade*: _____ D.O.B.: _____ Male: _____ Female: _____ Other: _____

Parent/Guardian Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Parent/Guardian Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Present mailing address if currently not living at the above address: _____

Current School/Address/Phone: _____

Comments: _____

***Additional Information for Registering Kindergarten Students**

Did your child attend pre-school? Yes ___ No ___ Name of preschool: _____

Preschool Address: _____ Phone: _____

Siblings:

Name	Birthdate	School Attending