

SCHOOL DISTRICT OF ST. CROIX FALLS

Student Registration Information

Registration Date: _____ Starting Date: _____ Grade: _____

Student's Name: _____
(first) (middle) (last)

Home Phone: _____ Cell Phone: _____

Birth City: _____ Birth County: _____ Birth State: _____

Birth Date: ____/____/____ Gender: M F Hispanic/Latino: Yes No

Please choose one or more of the following: American Indian/Alaska Native

Native Hawaiian or Other Pacific Islander Asian Black/African American White

Mailing Address: _____ City: _____ Zip: _____

Physical Address: _____ City: _____ Zip: _____

Student lives with:

Name: _____ Relationship: _____

Employer: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Name: _____ Relationship: _____

Employer: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Parents are: married _____ divorced _____ separated: _____ single: _____

Second mailing (if applicable, i.e. joint custody, non-custodial parent):

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____

List other children in the family: (name, birth date, and gender.)

Name: _____ ____/____/____ Male Female

Name: _____ ____/____/____ Male Female

Name: _____ ____/____/____ Male Female

For office use only:

Teacher _____ Student # _____ Lunch # _____ Locker # _____ PS Log In _____ SEG _____

Continued on Back

