

PATTERSON ELEMENTARY SCHOOL
Registration Form

2015-2016

For Office Use Only

Social Security No.: _____	Grade: _____
Birth Certificate No.: _____	Teacher: _____
Copy of Immunization on File: _____	Entry Date: _____
H/V/D Date: _____	Records Requested: _____
	Records Received: _____

Student's Name: _____
Last Name First Middle Preferred Name

Street Address: _____
Street City Zip Code

Mailing Address (if different): _____

Part A: Is this student Hispanic/Latino? (*Choose only one*)

___ No, not Hispanic/Latino ___ Yes, Hispanic/Latino

Part B: Regardless of what you selected on Part A, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's race to be.

What is the student's race? (*Check one or more*)

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | |

Sex: M ___ F ___

Birth date: _____ Birth place: _____
City, County, State

Student Lives With: _____ E-mail address _____

Mother's Name _____	Step-Mother _____	Home Ph. _____
Place of Employment: _____	Work Ph. _____	Cell Ph. _____

Father's Name: _____	Step-Father _____	Home Ph. _____
Place of Employment: _____	Work Ph. _____	Cell Ph. _____

Guardian's Name _____	Grandparent _____	Home Ph. _____
Place of Employment: _____	Work Ph. _____	Cell Ph. _____

Is the Mother, Father, or Guardian of this student on active military duty? Circle One: Yes No

School your child attended last: _____ County: _____ State: _____

Has your child ever attended a Pierce County school? _____ If yes, please list other schools: _____

Has your child attended Pre-K? ___ Yes ___ No If yes, where? _____

Names of other children in home	Age	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there any pick-up restrictions? Yes ___ No ___ Explain _____

Transported by car: _____ Bus Number: _____

Does your child attend any special classes? ___ MI ___ MO ___ SLD ___ EBD ___ VI ___ HI ___ OHI ___ SI ___ Gifted

Does your child have any medical or behavioral concerns that we should know about? _____

Please write any special instructions concerning your child on the back of this form.

Person Enrolling Student _____ Relationship: _____ Date: _____