



**PIERCE COUNTY SCHOOLS**

**Family Registration Form**

*Note: If more than one additional address applies to student(s) within the primary household, please see Registrar for additional instructions.*

**SECTION 1: Primary Household (Household in which students on this form reside the majority of the time)**

Mailing Address \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_ Primary Telephone Number \_\_\_\_\_  
(If only cell phones are used, please provide primary number at which you wish to be contacted.)

**Primary Household Parent/Guardian 1:**

Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ DOB \_\_\_\_\_

Pick Up Restrictions: \_\_\_\_\_

*Unless otherwise noted, all parent / guardians shall be allowed to pick up students without further contact with registering parent.*

**Primary Household Parent/Guardian 2:**

Spouse Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ DOB \_\_\_\_\_

Pick Up Restrictions: \_\_\_\_\_

*Unless otherwise noted, all parent / guardians shall be allowed to pick up students without further contact with registering parent.*

**SECTION 2: Secondary Household Address, if applicable (Applies to parent(s) not living at the same residence as students)**

Mailing Address \_\_\_\_\_ Physical Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_ Primary Telephone Number \_\_\_\_\_

**Secondary Household Parent/Guardian 1:**

Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ DOB \_\_\_\_\_

Pick Up Restrictions: \_\_\_\_\_

*Unless otherwise noted, all parent / guardians shall be allowed to pick up students without further contact with registering parent.*

**Secondary Household Parent/Guardian 2:**

Spouse Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ DOB \_\_\_\_\_

Pick Up Restrictions: \_\_\_\_\_

*Unless otherwise noted, all parent / guardians shall be allowed to pick up students without further contact with registering parent.*

**SECTION 3: Student Information**

Please provide the names of **all students** residing in the primary household, along with date of birth and the relationship to each Parent/Guardian (i.e., son, daughter, step-son, step-daughter, granddaughter, grandson, sister, brother, etc.)

First Name	Middle Name	Last Name	DOB	Relationship to Primary Household Parent/Guardian 1	Relationship to Primary Household Parent/Guardian 2	Relationship to Secondary Household Parent/Guardian 1	Relationship to Secondary Household Parent/Guardian 2

In accordance with the Family Educational Rights and Privacy Act (FERPA), natural parents, legal guardians, and eligible students have a right to request copies of all educational records. This includes the right of non-custodial parents to request an Infinite Campus Portal account for the purpose of reviewing student grades and attendance. If there are custody issues that prevent a natural parent or legal guardian from having access to the educational records of the students listed above, court documentation must be provided.

**SECTION 5: Emergency Contacts / Pick-Up List**

The following additional people have permission to pick up my child(ren) from school without further contact from me: *(If registering more than one student and emergency contacts differ, please see Registrar.)*

	CONTACT ONE	CONTACT TWO	CONTACT THREE
Full Name:			
Phone #s:			
Relationship:			
	CONTACT FOUR	CONTACT FIVE	CONTACT SIX
Name:			
Phone #s:			
Relationship:			

Signature of Person Completing Form: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Notes:

