

**J. D. Dickerson Primary School
Resident Student Registration**

Student's Full Name _____ Grade: _____ Gender: _____

Enrollment Date: _____

Please fully complete the following information:

Student's Date of Birth	
Student's Social Security Number	
Student's Birth Place	
Student's Ethnic Code (B/W/A/H/O)	
Who does the child live with?	
Who is the custodial parent? (Circle one) If other, list name/relation	Father Mother Both Other: _____
Mother's Name	
Mother's Residence & Mailing Address	
Mother's Home Phone	
Mother's Cell/Pager/Beeper	
Mother's Employer	
Mother's Work Number	
Father's Name	
Father's Residence & Mailing Address	
Father's Home Phone	
Father's Cell/Pager/Beeper	
Father's Employer	
Father's Work Number	
Emergency Contact #1 Name and daytime phone number (List someone other than Parent)	
Emergency Contact #2 Name and daytime phone number (List someone other than Parent)	
Student's County of Residence	
Name of Pre-School Attended (public or private)	

