PIKE ROAD SCHOOLS

500 Avenue of Learning, Pike Road, AL 36064

The following information is required to initiate Pike Road Schools Registration process. Once the following information is provided and residency verification documentation is provided, an email containing on-line registration instructions will be sent to the parent/guardian.

Previous School:_____

Student's Name:_____
First Middle Last

Date of Birth:_____Race:_____Gender:_____male____female

2018-2019 Grade:_____ ☐ IEP ☐ 504 Plan ☐ Medical Plan ☐ ESL

Physical Address:_____City/State/Zip_____

Mailing Address: (if different)_____

Will ride the bus in the morning, afternoon or both: _____

Custodial Contact 1:_____
First Middle Last

Phone:_____Email:_____

I affirm that all information provided is true and correct to the best of my knowledge.

Parent/Guardian Signature:_____Date:_____

Documentation required to accompany this registration form:

- Verification of Date of Birth (birth certificate, doctor's record, church record, etc.)
- Custody information if different than birth certificate
- Social Security Card (optional) _____
- Immunization verification (Blue Card)

Office Use Only						
PS	Chalkable	Record Request	Residency	Transcripts	Cum Folder	Color Folder

The Mission of Pike Road Schools: To create a culture of intellectual curiosity where all students have ownership over their learning and are inspired to think, innovate, and create.