

# DALLAS ELEMENTARY SCHOOL DISTRICT #327 REGISTRATION FORM

**STUDENT INFORMATION** (please print)

GRADE LEVEL \_\_\_\_\_ SCHOOL YEAR 2016 - 2017

Student Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Resides With \_\_\_\_\_

ALLERGIES/Medical Conditions \_\_\_\_\_

**Race:** \_\_\_\_\_ White \_\_\_\_\_ Hispanic \_\_\_\_\_ Black/African American \_\_\_\_\_ Asian \_\_\_\_\_ American Indian  
\_\_\_\_\_ Multi-Racial \_\_\_\_\_ Native Hawaiian or other Pacific Islander

Oldest Child – Middle Child – Youngest Child – Only Child (circle one)

Languages spoken in the home \_\_\_\_\_

**Living Arrangements:** Own/Rent Hotel/Motel Shelter/Transitional Doubled Up Unsheltered

**Physical Address**

Street \_\_\_\_\_

City,State,Zip \_\_\_\_\_

**Mailing Address**

Street \_\_\_\_\_

PO Box \_\_\_\_\_

City,State,Zip \_\_\_\_\_

**Father:**

Name: Last \_\_\_\_\_ First \_\_\_\_\_

Day Phone \_\_\_\_\_ Employer \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Mother:**

Name: Last \_\_\_\_\_ First \_\_\_\_\_

Day Phone \_\_\_\_\_ Employer \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Guardianship \_\_\_\_\_

Address if different from above \_\_\_\_\_

**OVER**

**Other members residing in this household:**

<u>Name</u>	<u>Relationship to student</u>	<u>Birthdate</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(OPTIONAL) YES \_\_\_\_\_ NO \_\_\_\_\_ Is parent or guardian a member of a branch of the armed forces of the United States who is either deployed to active duty or expects to be deployed to active duty during the school year.

**EMERGENCY INFORMATION:** In case of an emergency at school, parent will be called first. If the school is unable to contact parent, please list other persons we can notify.

**Emergency Contact 1:** (other than mother or father)

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Emergency Contact 2:** (other than mother or father)

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Connect-ED (automated phone notification system)**

If school is cancelled or we need to notify you about a school event please list 3 numbers you would like this information sent to:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_