



ST CLAIR COUNTY SCHOOLS

Date Enrolled: _____

REGISTRATION FORM

Truth in Registration Statement:

I certify that the information on this registration form is true. I understand that if I provide false information on this form that my child(ren) may be removed from the school in which they are currently enrolled and placed in the school in which they are zoned. **It is my responsibility to make sure that all information is kept current with the school.**

Name of Previous School: _____

Address, City, State of Previous School: _____

Grade: _____ **Homeroom:** _____

Name: _____
Last First Middle Name Called

PO Address: _____
PO Box City State Zip Code

Street Address: _____
Street City State Zip Code

Social Security Number: _____ **Sex:** Male Female **Date of Birth:** _____

Ethnic Group: Black Caucasian Hispanic Island Pacificer/Asian American Indian/Alaskan Native

Special Needs: Special Education Speech/Language 504 Plan BBSST Gifted

AM Transportation: Car Rider Walker Bus Rider (Bus Driver/Bus Number _____)

PM Transportation: Car Rider Walker Bus Rider (Bus Driver/Bus Number _____)

Student Lives With: Both Parents Single Mother Single Father Mother/Stepfather
 Father/Stepmother Grandparents Other _____

List the name and grade of siblings attending school.

1. _____ 2. _____ 3. _____

Mother / Legal Guardian Information

Father / Legal Guardian Information

Last Name/First Name: _____

Address (if different): _____

Home Phone: _____

Cellular Phone: _____

Employed By: _____

Work Phone: _____

E-Mail: _____

List any person(s) who by court decree is RESTRAINED from taking your child. A copy of the court decree MUST be on file in the office before the school can honor this statement.

1. _____ 2. _____ 3. _____

(Please Complete the Back of this form.)



Student Name: _____

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REGISTRATION FORM - continued

Emergency Contacts:

List any person(s) other than the parent(s)/guardian(s) listed on the previous page, which may pick up your child in case of emergency. Your child will not be released to any person not listed. Proper identification must be provided to pick up student from school.

Name/Relationship to Student

Phone Number

Cell Number

Automated Emergency/Important Information Notification:

The St. Clair County Board of Education uses the **School Messenger Program** to contact parents/guardians in the event of a school wide emergency or to provide important school related information to parents/guardians. The numbers you provide below will be used for this calling system. If no numbers are provided, the system will choose the first two numbers you have provided for enrollment purposes.

AM Telephone Number (8am – 3:30pm) (_____) _____

PM Telephone Number (3:31pm – 9:00pm) (_____) _____

Early Dismissal Information:

In the event of an unplanned early school closing (inclement weather, etc.), please indicate how your child should be transported home. Please check only one option.

My child will ride the bus home as usual. I understand that buses will be leaving early and I will make arrangements for a responsible person to be at the normal destination.

My child will be a car rider and will be picked up by one of the guardians or persons listed as an emergency contact on this form. My child is NOT to ride the bus home in the event of school closing early.

Signature of Parent/Legal Guardian

Date