

Mendota District 289 2011-2012 Registration Form

Student Information: Review and correct information below. Students using bus service must complete transportation form. PLEASE PROVIDE ONE PHONE NUMBER FOR USE WITH THE ALERT NOW MESSAGING SYSTEM _____

Phone:	First Name:	Middle Name:
Last Name:	Physical Address 1:	Mailing Address:
Grade Level:	SSN:	Birth Date:
Birth Place:	State ID Number:	Gender:
KidCare/Medical Card #:	Primary Home Language:	Heritage Language:
English Proficiency:	Entry Date Into District:	Student Email Address:
Certified Birth Certificate Received:	Non-Custodial Parent Mailings:	First Year In US:
Race (Please check all applicable) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander		

Contacts Data: T-Yes; F-No *Include email for notifications and TeacherEase login. *Please circle one: Student lives with 1) Mother & Father 2)Mother Only 3)Father Only 4)Other _____

Contact Relationship:	Home Phone:	Cell Phone:
Name:	Address 1:	Can Pick Up Student?:
City:	State:	Zip:
Work Phone:	Employer:	Contact Receives Mail:
Contact Receives Email:	Email Address:	

Contact Relationship:	Home Phone:	Cell Phone:
Name:	Address 1:	Can Pick Up Student?:
City:	State:	Zip:
Work Phone:	Employer:	Contact Receives Mail:
Contact Receives Email:	Email Address:	

Contact Relationship:	Home Phone:	Cell Phone:
Name:	Address 1:	Can Pick Up Student?:
City:	State:	Zip:
Work Phone:	Employer:	Contact Receives Mail:
Contact Receives Email:	Email Address:	

Contact Relationship:	Home Phone:	Cell Phone:
Name:	Address 1:	Can Pick Up Student?:
City:	State:	Zip:
Work Phone:	Employer:	Contact Receives Mail:
Contact Receives Email:	Email Address:	

I certify that the information contained on this form is accurate and complete. _____ (signature)