

EAST CARROLL PARISH SCHOOLS
STUDENT REGISTRATION FORM
(PLEASE PRINT)

CHILD'S NAME _____ SEX _____
(LAST) (FIRST) (MIDDLE)

ADDRESS _____
P. O. BOX OR STREET NO. CITY STATE ZIP

SSN: _____ PHONE NUMBER _____

SCHOOL _____ GRADE _____ SCHOOL YEAR _____

DATE ENTERED SCHOOL _____ RACE: W OR B (CIRCLE ONE)

ASSIGNED BUS DRIVER _____

FIRST LANGUAGE LEARNED BY STUDENT _____ HOME LANGUAGE _____

COUNTRY OF ORIGIN _____ PLACE OF BIRTH _____

DATE OF BIRTH _____ BIRTH CERTIFICATE NO. _____

FATHER'S NAME _____ LIVING _____ DECEASED _____

FATHER'S OCCUPATION _____ PLACE OF EMPLOYMENT _____

MOTHER'S NAME _____ LIVING _____ DECEASED _____

FATHER'S OCCUPATION _____ PLACE OF EMPLOYMENT _____

WITH WHOM THE CHILD IS NOW LIVING WITH _____
NAME RELATIONSHIP

EDUCATION LEVEL FOR PARENTS: FATHER _____ MOTHER _____

LIST ALL YOUNGER BROTHERS/SISTERS NOT IN SCHOOL:

DATE FAMILY MOVED IN EAST CARROLL PARISH _____

ADDRESS BEFORE MOVING INTO EAST CARROLL PARISH _____

LAST SCHOOL ATTENDED _____ ADDRESS _____

IN CASE OF EMERGENCY – LIST A PERSON THE SCHOOL MAY CONTACT

NAME PHONE

MY CHILD IS ALLERGIC TO _____

OTHER HEALTH PROBLEMS: SEIZURES, MEDICATION TAKEN, DIABETES, HEART CONDITION, KIDNEY PROBLEMS, OTHER

PARENT'S/GUARDIAN'S SIGNATURE