

Waltonville CUSD #1 Student Registration Information

Today's Date _____

Student Information

First Name	Middle Name	Last Name	Grade	M/F	Birthdate	SS Number	Ethnic Designation	Birth City/State
First Name	Middle Name	Last Name	Grade	M/F	Birthdate	SS Number	Ethnic Designation	Birth City/State
First Name	Middle Name	Last Name	Grade	M/F	Birthdate	SS Number	Ethnic Designation	Birth City/State
First Name	Middle Name	Last Name	Grade	M/F	Birthdate	SS Number	Ethnic Designation	Birth City/State

Home Address: Street Address _____ City _____ Zip _____

Will student(s) need bus transportation? Yes No

Student resides with: Both parents _____ Father/stepmother _____ Mother/stepfather _____ Other: _____

FATHER _____ Home address: _____ City _____ State _____ Zip _____

Primary phone _____ Cell phone _____ Place of employment _____ Work Phone _____

If applicable – stepmother name _____ Cell phone _____ Place of employment _____ Work phone _____

Father's email address _____

MOTHER _____ Home address _____ City _____ State _____ Zip _____

Primary phone _____ Cell phone _____ Place of employment _____ Work Phone _____

MOTHER'S MAIDEN NAME _____

If applicable – stepfather name _____ Cell phone _____ Place of employment _____ Work phone _____

Mother's email address _____

In case of EMERGENCY, and if we are unable to contact parent(s)/guardian, please contact: (Please list in order)

Name _____ Relationship _____ Primary Phone _____ Secondary/Cell _____ Work Phone _____

Name _____ Relationship _____ Primary Phone _____ Secondary/Cell _____ Work Phone _____

Name _____ Relationship _____ Primary Phone _____ Secondary/Cell _____ Work Phone _____

Physician _____ Phone _____ Hospital Preference _____

Have your children (child) received Special Education services, including Speech, in the past? YES NO

If yes, list name(s) of student(s) _____

Does your child/children have a current IEP (Individualized Education Plan)? YES NO