

BATH LOCAL SCHOOLS REGISTRATION FORM

OFFICE**USE****ONLY:**

Birth Certificate: _____ Immunization Records: _____ Social Security Card _____

Custody Papers: _____ Proof of Residency: _____

Date Entered: _____ **Grade:** _____ **Teacher/HRM:** _____ **ID#:** _____ **Locker#:** _____**Student
Name**

Last

First

Middle

/ _____
Called**Address**

City

Zip

____ Male ____ Female

Home Phone

Unlisted ____ Yes ____ No

Birth Date**City of Birth****Social Security Number****Is your child of Hispanic/Latino heritage?** ____ Yes ____ No**Race/Ethnic Category:** ____ American Indian or Alaska Native ____ Asian ____ Black or African American
____ Native Hawaiian or Pacific Islander ____ White**Student lives with:** ____ Two Parents ____ Guardian ____ One Parent (**please specify which parent**) _____**Does your student currently have an I.E.P. for a learning disability or speech?** ____ YES ____ NO**Father's Name**

Natural Father/ Steppather/ Guardian (Please Circle Which Applies)

Email Address _____ Cell Phone _____

Employer _____

/ _____
Phone**Mother's Name**

Natural Mother/ Steppather/ Guardian (Please Circle Which Applies)

/ _____
Mother's Maiden Name

Email Address _____ Cell Phone _____

Employer _____

/ _____
Phone**Natural Parent's Marital Status:** ____ Married ____ Separated ____ Divorced ____ Widowed ____ Single

School Last Attended _____

Other Schools Attended _____

Please list any brothers or sisters and their grade:
