

# 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 \_\_\_\_\_ / \_\_\_\_\_ Suffix \_\_\_\_\_

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 other 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 speech or a learning disability? \_\_\_\_ YES \_\_\_\_ NO

**Father's Name**

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

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

**Mother's Name**

Natural Mother/ Stepmother/ 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:

\_\_\_\_\_  
\_\_\_\_\_