BLUFORD COMMUNITY CONSOLIDATED SCHOOL DIST. #114
SCHOOL REGISTRATION 20___-20___

STUDENT INFORMATION:

Name: _____ Nickname:_____
First Middle Last (Name called by)

Home Address:_____ Phone:_____

City:_____, IL _____ Grade: EC K 1 2 3 4 5 6 7 8

Birth date: _____ Current Age:_____ Gender: M F Birthplace:_____

Social Security #_____ Medicaid #_____

Ethnic Group: ____White ___Black, Non-Hispanic ___Hispanic ___Asian Pacific Islander
___American Indian or Alaskan Native ___Multi-Racial ___ Other

Is a language spoken in the home as the primary language other than English? ___Yes ___No
If "YES", which language?_____

Bus Route/Driver:_____ Physician Name & Number_____

Student lives with: (Circle all that apply) Father Mother Stepfather Stepmother Grandparents Other

Guardian Information:
Name of Guardian:_____ Telephone #:_____

Relationship:_____ Cell #:_____

Address:_____ E-Mail Address: _____

Employer:_____ Work #:_____

Father's Name_____ Telephone #:_____

Address:_____ Cell #:_____

Employer:_____ Work #:_____

Mother's Name_____ Maiden Name:_____

Telephone #_____ Address:_____

Employer:_____Work #_____ Cell #_____

Number in family:_____ Please list names and ages of other children in household below

Emergency Person(s) & Phone Numbers (in case parent/guardian can't be reached)

1._____

2._____

FOR OFFICE USE ONLY:
Date Enrolled_____ Teacher & Grade Level_____

Reg. Fee_____ Physical_____ Dental_____ Transfer Form_____