

Student Registration

Stanton Township Public Schools

Student Information

Student's Name

Last First Middle Initial

Physical Address

Street City State Phone _____

Mailing Address

Street City State Phone _____

Male _____ Female _____

Race:	<i>(Please circle all that apply)</i>	African-American	American Indian	Pacific Islander	Asian	Other
		Caucasian	Hispanic or Latino	Non-Hispanic or Latino		

Date of Birth

_____ **Place of Birth** _____

Living With:

Mother & Father _____ Mother _____ Father _____ Other _____
Mother & Stepfather _____ Father & Stepmother _____

Custodian:

Father _____ Mother _____ **School Last Attended** _____
Both _____ Other _____ **Address** _____

Parent Information

Mother _____ **Father** _____

Name

Place of Birth

Language at Home

Education

Occupation

Employer

Work Phone Number

Marital Status

Parent Signature

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*****For Transfer Students******

Does your child have a current Individualized Education Plan (IEP)? Yes No

Does your child have a current Section 504 Plan? Yes No

Is your student in, or has she/he been in, an English as a Second Language Program? Yes No

Does your child receive any special services the school should be aware of? Yes No

Please describe: _____

Below, please list other children in your family

Name

Birthdate

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

11 _____

12 _____

For Office Use

Birth Certificate _____

Complete Immunizations _____

Home Lang. Survey _____

Incomplete Immunizations _____

Resident _____

Non-Resident _____