

**Williamston Community Schools
Student Registration Form**

Today's Date: _____

PLEASE PRINT CLEARLY

Student Information

Student Name: _____ Birthdate: _____
Last Name, First, Middle Nickname

Grade Entering: _____ Gender: M F Home Phone: _____ Unlisted? Y N
Area Code

Home Address: _____
Street Apt/Lot # City ZIP

Race/Ethnicity:
*Please see Race/Ethnicity Background form

Birthplace: _____ Date of First Immunization: _____

Parent(s)/Legal Gaurdian(s) Information

Name: _____ Relationship _____

Address: _____
Street Apt/Lot # City ZIP

Employer: _____ Work Phone/Extension _____
Area Code Extension

E-mail Address: _____ Cell Phone _____
Y N - Student resides with the parent/guardian above Area Code

Name: _____ Relationship _____

Address: _____
Street Apt/Lot # City ZIP

Employer: _____ Work Phone/Extension _____
Area Code Extension

E-mail Address: _____ Cell Phone _____
Y N - Student resides with the parent/guardian above Area Code

PARENTS/GUARDIANS: Automated telephone and/or text messages pertaining to school closings and student attendance may be sent to the numbers listed above on this form.

DO NOT send automated telephone messages and/or text messages to the phone numbers listed above.

To opt out of receiving these messages at a later date contact the school office or change your notification preferences in PowerSchool Parent Access.

Emergency Contacts (other than parent/guardian)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

(over please)

Medical Information

Doctor Name: _____ Phone: _____
Area Code

Special medical or health concerns (medications, allergies, etc.) _____

Miscellaneous Information

Previous School Attended: _____ Address: _____

Former Williamston Student? Y N

Does this student receive special education? Y N

If yes, please indicate the program:

Title I Vision Impaired Hearing Impaired Speech Resource Room
 LD EI EMI POH Special Ed. Classroom

Is this student a School of Choice student? Y N If yes, what is the resident district? _____

Is this student a Tuition student? Y N

Ward of the Court? Y N If yes, caseworker's name: _____ Phone: _____
Area Code

Other Children in the Family

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Other special family concerns: _____

Others authorized to pick up your child from school:

Name: _____ Phone: _____ Name: _____ Phone: _____

Name: _____ Phone: _____ Name: _____ Phone: _____

 Signature of Parent/Guardian Date

Office Use Only

Entry Date	Bus Number	Band/Choir	Locker #
Student Number	MERIT ID	Homebase	