

# Williamston Community Schools Student Registration Form

Today's Date: \_\_\_\_\_

## Student Information

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(Legal) Last Name, First, Middle Nickname

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

Home Address: \_\_\_\_\_  
Street Apt/Lot # City ZIP County of Residence

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

Birthplace: \_\_\_\_\_

## Parent(s)/Legal Guardian(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

## Emergency Contacts (other than parents)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

***\*Automated telephone and/or text messages pertaining to school closings and student attendance may be sent to the numbers listed on this form. To opt out of receiving these messages, contact the school office or change your notification preferences in PowerSchool Parent Access.***

**(over please)**

**Medical Information**

Doctor's 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 services? Y N      Does student have a Section 504 Plan? Y N

If yes, please indicate the program:

- Title I                       Vision Impaired       Hearing Impaired       Speech                       Resource Room  
 LD                               EI                               EMI                               OHI                               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	UIC Code		