

HOLTON
ELEMENTARY SCHOOL

REGISTRATION FORM

Today's Date _____

Has your child ever attended Holton Schools before? Yes No

Student Social Security number: _____ - _____ - _____

Student Name: _____
Last First Middle Name

Other Last Name Student may use: _____

Entering Grade: _____

Gender:

Male Female

Primary Ethnicity:

- Multi Racial
- American Indian/Alaskan Native
- Asian American
- Black or African American
- Native Hawaiian/Pacific Islander
- White
- Hispanic or Latino

LANGUAGE

What language is primarily spoken in the home?

English ___ Spanish ___ Other ___

Birthdate _____ Birth Place _____
Month/Day/Year City/State

Primary Phone Number: _____ Listed: Yes No

Address: _____
Number/Street Name City Zip Code

Adult MALE Residing in the Home: _____
Name

Work Phone Number: _____
*Parent Education level: Indicate appropriate level by number _____

Adult FEMALE Residing in the Home: _____
Name

Work Phone Number: _____
*Parent Education level: Indicate appropriate level by number _____

Parent Living Elsewhere: _____
Name

Address: _____
Number/Street Apt/Lot City/State Zip Code

Would you want them to receive mailings? Yes No

Previous School Attended: _____

Address: _____

**DO NOT FILL OUT OR MARK
OFFICE USE ONLY**

Student Number _____

Entry Date _____

Entry Code _____ Prev LEA _____

Birth Cert Y N YOG _____

Street Code # _____

Teacher Name _____

Room # _____ Next School # _____

School of Choice: Yes No

Home School _____

Bus # _____

Immunization Records Yes No

Lunch App: Yes No

Student Records: Req'd _____
Received _____

Speech LD Social Worker

Title 1 Reading Recovery

NON-RESIDENT STATUS

- Dual Residency
- School of Choice
- District Release _____

I have reviewed: Proof of Residency
Certified Birth Certificate

Relationship to Child:
Check one

- B-both parents
- C-father/stepmother
- D-mother/stepfather
- E-father only
- F-mother only
- G-legal guardian
- H-court placed
- J-relative
- K-foster home
- L-divorced, joint custody

*Parent Education Level
1-complete grade 8 or less
2-some high school
3-high school graduate
4-post high school

Special services your student received at previous school: (check all that apply)

IEP Speech Resource Room Social Worker Title I Reading Recovery

Emergency Contact Person: _____ Relationship _____

Phone Number: _____

Emergency Contact Person: _____ Relationship _____

Phone Number: _____

Emergency Medical Conditions/Problems: check **ALL** that apply

Nothing known iodine allergy wears glasses medical waiver mult allergy
 bee sting rheumatic epileptic asthma cardiac
 contact lenses nose bleeds hemophiliac special blood condition
 diabetic sulpham allergy check health card aspirin allergy headaches
 muscle weakness penicillin allergy hearing problems no medication, religious
 attention deficit disorder
 takes medication regularly (please indicate which medication and how often)

Other children who reside in the home:

Name	Birth Date	Grade	<input type="checkbox"/> natural sibling	<input type="checkbox"/> step sibling
_____	_____	_____	<input type="checkbox"/> natural sibling	<input type="checkbox"/> step sibling
_____	_____	_____	<input type="checkbox"/> natural sibling	<input type="checkbox"/> step sibling
_____	_____	_____	<input type="checkbox"/> natural sibling	<input type="checkbox"/> step sibling
_____	_____	_____	<input type="checkbox"/> natural sibling	<input type="checkbox"/> step sibling
_____	_____	_____	<input type="checkbox"/> natural sibling	<input type="checkbox"/> step sibling

Does your child attend a day care center or go to a sitter after school? Yes No

If yes, name: _____

Address: _____

I affirm, that as the parent/legal guardian, all information provided above is true and accurate, and that my child and I reside at the listed address. I understand any false information provided by me, may subject me to legal penalties for perjury.

Parent/Guardian signature

Date