

Moriah Central School District – Registration Form

SCHOOL: Moriah Elementary _____ Moriah Jr./Sr. HS _____
 Grade _____ ID# _____ Bus # _____
 Teacher # _____ Teacher Name _____ Homeroom _____

STUDENT'S LAST NAME FIRST MIDDLE SEX SS #

HOME PHONE # GRADE DOB BIRTH PLACE

LANGUAGE SPOKEN AT HOME

PARENTS' EMAIL ADDRESS

PHYSICAL STREET ADDRESS

CITY, STATE ZIP

MAILING ADDRESS (IF DIFFERENT)

CITY, STATE ZIP

<p>ETHNIC CODE <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black (not of Hispanic origin) <input type="checkbox"/> White (not of Hispanic origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaskan Native</p>
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STUDENT LIVING WITH

Both Biological Parents
 Biological Mother Only
 Biological Father Only
 Mother/Stepfather*
 Father/Stepmother*
 Agency (proof of court placement)
 Self (Proof of emancipated status required)
 Spouse
 Other (Explain) _____

* Please indicate stepparent name _____

PARENT/GUARDIAN INFORMATION		
Father's Name		Mother's Name
Address (if different than student)		Address (if different than student)
Phone (if different from student) Cell Phone #: _____		Phone (if different than student) Cell Phone #: _____
Father's Place of Employment/Phone #		Mother's Place of Employment/Phone #
If applicable, the most recent court document appoints _____ as the custodial parent.		
Legal Guardian (If different from above)	Guardian's Home Phone	Guardian's Work Phone
Guardian's Employer		

EMERGENCY CONTACT: Responsible parties other than a parent or guardian; who will transport your child should the need arise, i.e. sent home for illness, discipline reasons, etc.

Name	Address	Home Phone	Work Phone

BROTHERS AND SISTERS (Please check the box to indicate the sibling lives at home)

Name	School Attending	D.O.B	Sex	Grade	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Does your child have an IEP (Individual Education Plan)? ____ Yes ____ No

Has your child participated in any of the following programs?
 Remedial (AIS, Title I, PCEN) _____ Reading _____ Math

Please circle any special program that your child has been assigned to:
 Consultant Services Resource Room Occupational Therapy Special Classes
 Speech Therapy Physical Therapy Counseling Bilingual Education
 Other _____

HAS YOUR CHILD EVER ATTENDED MORIAH CENTRAL SCHOOL? ____ YES ____ NO
 Last date of school attendance _____ Please list all previous schools attended including preschool:

SCHOOL NAME	YEAR	GRADE	CITY	STATE	ZIP	FAX #

By signing this form, I acknowledge the responsibility of providing the district with accurate and updated information.

 PARENT SIGNATURE / DATE

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