

ATHENS AREA SCHOOLS
REGISTRATION

PLEASE PRINT AND COMPLETE BOTH SIDES OF FORM

Has this student ever attend Athens Area Schools: Yes ___ No ___ Today's Date _____

Legal Name of Student _____

Last First Middle

Student's Date of Birth _____ Place of Birth _____ Gender: M F

Multi Birth? ___ Yes ___ No If yes, was this birth a twin, triplet, other (circle one)

Entering Grade _____

Ethnic/Race: **Must answer both part A and B** (District personnel required by U.S. Dept. of Ed. To observer identification to select answers if Part A or Part B are left blank.)

Part A Is this student Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race) ___ Yes, ___ No

Part B Choose one or more. (If you choose more than one, all will be equally weighted)

___ American Indian or Alaska Native, ___ Asian, ___ African American/Black,
___ Caucasian/White, ___ Native Hawaiian/Pacific Islander

Student's Primary Address _____

House number Street

City _____ Zip Code _____ PO Box Number _____

Primary Phone Number _____

Is the student a resident of the Athens Area School District? ___ Yes ___ No;

If not, in what district does the child live? _____

If both guardians have equal amounts of custody (alternating weeks) it doesn't matter who is listed as primary.

Primary Guardian's **Legal** Name _____

Last Name First Name

Primary Guardian's address _____

House number Street City and Zip

Relationship to student _____ EMail Address _____

Primary Phone Number: _____ work number _____ EXT. _____

Cell Phone Number—(if different than primary number) _____

Secondary Guardian's **Legal Name** _____

Last Name First Name

Secondary Guardian's address _____

House Number Street City and Zip

Relationship to student _____ E Mail Address _____

Primary Phone Number: _____ work number _____ EXT. _____

Cell Phone Number—(if different than primary number) _____

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Student lives with: ___ Both Parents, ___ Father/Stepmother, ___ Mother/Stepfather,
___ Joint Custody ___ Father only ___ Mother only, ___ Legal guardian, ___ Court
Placed, ___ Relative ___ Homeless

Please circle any programs that this student has been enrolled in: Speech, Title I, Special Education, Physical Therapy, Social Work 504 Plan

Please list at least two (2) Emergency Contact **other than the parents** we may call if your child becomes ill or is hurt and we are unable to contact the parents.

1st Choice _____ Primary Number _____
Name & Relationship _____
work number _____ cell number if different than primary _____

2nd Choice _____ Primary Number _____
Name & Relationship _____
work number _____ cell number if different than primary _____

Emergency Health Factors: _____

Does your child attend a daycare center or go to a sitter after school: ___NO ___YES
Name of day care center or sitter _____

List names and birth dates of **other** children in this family:

Name	Date of Birth	Natural/Step/Half Sibling
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your child ever had Chickenpox? ___NO Yes___ Date of disease _____
Date of last vision test _____ Date of last hearing test _____

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

SIGNATURE OF PARENT/GUARDIAN DATE

*****FOR OFFICE USE ONLY*****

PREVIOUS SCHOOL _____ ENTRY DATE _____
TEACHER/ADVISOR: _____ DATE SENT FOR RECORDS _____