

Methow Valley Elementary School REGISTRATION FORM

(Please Print)

Today's date: _____ (office use only) Entry date: _____

STUDENT INFORMATION

Student's legal last name:	First:	Middle:	Ethnic Background <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Multiracial (not Hisp. or Latino) <input type="checkbox"/> Native Hawaiian/Pac. Island <input type="checkbox"/> White/Caucasian
Preferred name if different:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate: / /	Age:
School last attended:	City/State of school:	Birthplace:	
Are there any court order(s) currently in effect pertaining to your child? (i.e., custody/parenting plans, school attendance orders, restraining orders, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, legal papers must be on file with the school for enforcement)			
Is a language other than English spoken at home? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does your child speak a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No	

#1 Primary Household Home Phone: (Where Student Resides)

In the primary household - Student lives with: Both Parents Father Only Mother Only Grandparents Father/Stepmother Mother/Stepfather Guardian Other _____

Name of Father/Stepfather/Guardian:	Cell Phone:	Occupation:	Work Phone:
Name of Mother/Stepmother/Guardian:	Cell Phone:	Occupation:	Work Phone:
Physical Address:	P.O. Box Number:	City:	State: Zip:
Email Address:			

#2 Second Household Phone:

Relationship: Both Parents Father Only Mother Only Grandparents Father/Stepmother Mother/Stepfather Guardian Other _____

Name of Father/Stepfather/Guardian:	Cell Phone:	Occupation:	Work Phone:
Name of Mother/Stepmother/Guardian:	Cell Phone:	Occupation:	Work Phone:
Physical Address:	P.O. Box Number:	City:	State: Zip:
Email Address:			

EMERGENCY CONTACTS

Name:	Relation:	Phone: ()	Second phone: ()
Name:	Relation:	Phone: ()	Second phone: ()
Name:	Relation:	Phone: ()	Second phone: ()

Names and ages of siblings: _____

Parent/Guardian signature

Date

PLEASE INFORM THE SCHOOL IF THERE ARE ANY CHANGES IN THE ABOVE INFORMATION.