

SPENCER SCHOOLS STUDENT REGISTRATION

STUDENT INFORMATION

NAME _____ / _____ / _____
Last First Middle Race

(PLEASE GIVE THE CHILD'S LAST NAME AS IT APPEARS ON THE BIRTH CERTIFICATE)

PHYSICAL ADDRESS _____ CITY _____ ZIP CODE _____

MAILING ADDRESS _____ CITY _____ ZIP CODE _____

HOUSEHOLD PHONE (____) _____ PRIMARY EMAIL _____

SEX _____ DATE OF BIRTH _____ PLACE OF BIRTH _____
MO DAY YEAR CITY COUNTY STATE

FORMER SCHOOL ATTENDED _____ STREET ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____

LOCATION OF YOUR HOME _____
TOWNSHIP COUNTY

PARENT INFORMATION

PARENT THE CHILD RESIDES WITH: BOTH PARENTS _____ FATHER _____ MOTHER _____ GUARDIAN _____

FATHER'S NAME _____ Cell phone _____

Place of employment: _____ Work Phone _____ Work email _____

MOTHER'S NAME _____ Cell phone _____

Place of employment: _____ Work Phone _____ Work email _____

GUARDIAN'S NAME _____ Cell phone _____ Email _____

Place of employment: _____ Work Phone _____ Work email _____

EMERGENCY CONTACT 1 _____ Phone _____ Email _____

EMERGENCY CONTACT 2 _____ Phone _____ Email _____

BROTHERS	DATE OF BIRTH	SISTERS	DATE OF BIRTH
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OFFICE USE ONLY

RECORDS REQUESTED BY _____ DATE OF REGISTRATION _____
GRADE _____ TEACHER _____