

*For Office Use Only*  
Date \_\_\_\_\_  
Start Date \_\_\_\_\_  
School Year \_\_\_\_\_  
Grade \_\_\_\_\_  
Sent for records \_\_\_\_\_

# Basin Elementary Registration Form Grades PS-6<sup>th</sup>

*For Office Use Only*  
Birth Certificate \_\_\_\_\_  
County/State of Birth \_\_\_\_\_  
Immunization Record \_\_\_\_\_  
Immunizations Current \_\_\_\_\_

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Child's full name \_\_\_\_\_  
*Legal last name (goes by) first middle*

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of birth \_\_\_\_\_  
*Month day year city/town county state*

Gender (circle one) Male Female Home phone # \_\_\_\_\_

Mailing address \_\_\_\_\_

Physical address \_\_\_\_\_

Father's name \_\_\_\_\_  
*Last first middle*

Father's Employer \_\_\_\_\_ Work address/phone # \_\_\_\_\_

Father's occupation \_\_\_\_\_ E-mail address \_\_\_\_\_

Mother's name \_\_\_\_\_  
*Last first middle*

Mother's Employer \_\_\_\_\_ Work address/phone # \_\_\_\_\_

Mother's occupation \_\_\_\_\_ Email address \_\_\_\_\_

Child is living with (circle one): Mother Father Both Parents Step Parent Other

If child does not live with parent(s), list name of guardian: \_\_\_\_\_

Guardian's address \_\_\_\_\_ Home phone: \_\_\_\_\_

Guardian's Employer \_\_\_\_\_ Work phone: \_\_\_\_\_

Work address \_\_\_\_\_

What Cultural Background do you consider your child \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Asian  
\_\_\_\_\_ Black/African American \_\_\_\_\_ Native Hawaiian/Other Pacific Islander \_\_\_\_\_ White  
\_\_\_\_\_ Hispanic or Latino Ethnicity \_\_\_\_\_ Other/Unknown

Last School attended \_\_\_\_\_ Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Grade \_\_\_\_\_

Please list brothers and sisters pre-school through 12<sup>th</sup> grade (living at home).

NAME	SEX	BIRTHDATE	SCHOOL ATTENDING	GRADE
_____	_____	_____/_____/_____	_____	_____
_____	_____	_____/_____/_____	_____	_____
_____	_____	_____/_____/_____	_____	_____
_____	_____	_____/_____/_____	_____	_____

Is there any additional information the school should be aware of (i.e. health concerns, custodial rights, legal decrees, etc.) ? \_\_\_\_\_

Please list the people whom you would authorize to pick your child up from school if you were not available: \_\_\_\_\_

May we use your child's picture to be used in newspapers, in displays, on bulletin boards or other educational publications? \_\_\_\_\_ Yes \_\_\_\_\_ No