

DALLAS ELEMENTARY SCHOOL DISTRICT #327

REGISTRATION FORM

STUDENT NAME (Last, First, Middle)		DATE OF BIRTH (mm/dd/yyyy)	<input type="checkbox"/> Male	Grade
			<input type="checkbox"/> Female	
STUDENT PHYSICAL ADDRESS (Street, City) <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		ALLERGIES/MEDICAL CONDITIONS		
MAILING ADDRESS (Street or PO Box, City, State, Zip)		STUDENT RESIDES WITH		
RACE <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Multi-racial/Ethnic				
LANGUAGE(S) SPOKEN IN THE HOME		BIRTH ORDER <input type="checkbox"/> Oldest <input type="checkbox"/> Middle <input type="checkbox"/> Youngest <input type="checkbox"/> Only Child		

<input type="checkbox"/> Own/Rent	<input type="checkbox"/> With Relatives or others	<input type="checkbox"/> Motel/hotel/camp ground
<input type="checkbox"/> Train or bus station, park, or in a vehicle	<input type="checkbox"/> Abandoned apartment/building	<input type="checkbox"/> Disaster victim? Explain: _____
STUDENT SAFETY Is there a current Order of Protection or No Contact Order which concerns the student? <input type="checkbox"/> Yes <input type="checkbox"/> No		

FATHER'S INFORMATION

FATHER'S NAME (Last, First)		DAY PHONE
EMPLOYER		CELL PHONE
HOME PHONE	EMAIL ADDRESS	

MOTHER'S INFORMATION

MOTHER'S NAME (Last, First)		DAY PHONE
EMPLOYER		CELL PHONE
HOME PHONE	EMAIL ADDRESS	

LEGAL GUARDIAN'S INFORMATION

LEGAL GUARDIAN'S NAME (Last, First)	ADDRESS IF DIFFERENT THAN ABOVE (Street, City, State, Zip)
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OTHER GUARDIAN INFORMATION

If there is another guardian that you would like us to share information with (ex. report card) provide their contact information below.

NAME (Last, First)	DAY PHONE
EMAIL	CELL PHONE

OTHERS WHO RESIDE AT THE STUDENT'S ADDRESS

NAME (Last, First)	RELATIONSHIP TO STUDENT	BIRTHDATE
NAME (Last, First)	RELATIONSHIP TO STUDENT	BIRTHDATE
NAME (Last, First)	RELATIONSHIP TO STUDENT	BIRTHDATE
NAME (Last, First)	RELATIONSHIP TO STUDENT	BIRTHDATE

EMERGENCY CONTACT INFORMATION

In case of an emergency at school, parent(s) will be called first. If the school is unable to reach a parent, the emergency contacts will be called.

EMERGENCY CONTACT NAME (Last, First)	RELATIONSHIP TO STUDENT	PHONE
EMERGENCY CONTACT NAME (Last, First)	RELATIONSHIP TO STUDENT	PHONE
EMERGENCY CONTACT NAME (Last, First)	RELATIONSHIP TO STUDENT	PHONE
EMERGENCY CONTACT NAME (Last, First)	RELATIONSHIP TO STUDENT	PHONE

AUTOMATED PHONE NOTIFICATION SYSTEM "ALL-CALL"

The automated calling system will be utilized to notify you if school is canceled, share school messages and reminders by phone call and/or text message.
List 3 numbers you would like this information sent to.

PHONE NUMBER	PHONE NUMBER	PHONE NUMBER

OPTIONAL ARMED FORCES INFORMATION

United States military includes Army, Navy, Marine Corps, and Air Force

Is the student a dependent of an Active Duty member of the United States military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the student a dependent of a fulltime member of the National Guard, or Reserves?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the student a dependent of a member of the National Guard, or Reserves?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

NAME OF ADULT REGISTERING THE STUDENT

SIGNATURE	DATE