NORTH END ELEMENTARY SCHOOL REGISTRATION FORM

Child's Name:_____ Birthdate: _____
Last First Middle

Sex:_____

Child's Legal Name:_____
Last First Middle Birthplace:_____
(City & State)

Address:_____ Zip Code:_____
House No. Street Apt #

Home Phone:_____ Child's Social Security Number:_____

Cell Phone: _____

Did child ever attend school in St. Paul? _____Yes _____No

Last School Attended:_____

Address:_____City:_____State:_____

Child lives with: _____Mother _____Father _____Both Parents _____Guardian

NAME (Mother/Stepmother/Guardian):_____
PLACE OF EMPLOYMENT:_____PHONE:_____
NAME (Father/Stepfather/Guardian):_____
PLACE OF EMPLOYMENT:_____PHONE:_____
DAYCARE PROVIDER (Name):_____
DAYCARE ADDRESS:_____PHONE:_____

List All Brothers or Sisters at North End:

_____ Grade___ _____ Grade_____
_____ Grade___ _____ Grade _____
_____ Grade___ _____ Grade_____

Permission for Photos at School: _____Yes _____No

List any Major Health Problems:_____
Family Physician:_____Phone:_____
Choice of Hospital:_____Phone:_____

EMERGENCY CONTACTS: This is VERY important and must be filled in! If your child becomes ill at school, or if school closes for the day for an emergency, we must be able to contact someone who can care for your child. ALL PHONE NUMBERS MUST BE KEPT CURRENT!

Name:_____Relationship:_____Phone:_____
Name:_____Relationship:_____Phone_____

FOR SCHOOL USE ONLY CIF#_____ ETHNIC CODE:____
Bus Route #_____

Grade Level:							
Homeroom:							

Corners:_____
&_____

Admit Date:_____Withdrawal Date:_____To:_____