

SOUTHERN UNION CONFERENCE ELEMENTARY REGISTRATION APPLICATION

(Please print in ink) School _____

Pupil's Legal Name _____ Sex: F ___ M ___
Last First Middle Nickname

Date of Birth _____ Place of Birth _____ State _____
Mo. Da. Yr. City

Verification of Birth _____ Social Security No. _____

Address (and changes of address)

1.	No.	Street	City	State	Zip	Tel. _____	GRADE PLACEMENT <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Date Enrolled</th> <th style="width: 15%;">Age</th> <th style="width: 15%;">Grade</th> </tr> <tr> <td style="font-size: small;">Mo. Da. Yr.</td> <td style="font-size: small;">Yr. Mo.</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Date Enrolled	Age	Grade	Mo. Da. Yr.	Yr. Mo.							
Date Enrolled	Age	Grade																	
Mo. Da. Yr.	Yr. Mo.																		
2.	Tel. _____																		
3.	Tel. _____																		

Family Information	Father	Mother	Guardian
Legal Name			
Check one Home Address if Different from above	Natural ___ Step ___ Foster ___	Natural ___ Step ___ Foster ___	Relation to Child:
Home Telephone			
Occupation			
Education			
Business Address			
Business Telephone			
Birth Date			
Birth Place			
U.S. Citizen	YES <input type="checkbox"/> NO <input type="checkbox"/> Other: _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Other: _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Other: _____
SDA Member	YES <input type="checkbox"/> NO <input type="checkbox"/> Other: _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Other: _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Other: _____
Marital Status	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other: _____	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other: _____	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other: _____

Other persons living with family _____ Relation to child _____

Church child attends _____ Denomination _____

Baptism — Place: _____ Date _____ Age _____

Children in family in order of birth including this child:				Transfer Students Only:		
Names	Living at Home	Sex	Birth Date	School last attended	Address	Grade Completed
			Mo. Da. Yr.		Street and Number	
					City State Zip	
					NOTE: Grade placement of transfer pupils is tentative until official transcript and records are received from last school.	

Check any of the following diseases; give dates of immunizations the student has had:

Dis. Im.	Dis. Im.	Dis. Im.
Mumps _____	Tonsillitis _____	Chorea _____
Whooping Cough _____	Rheumatism _____	Injury _____
Diphtheria _____	Chicken Pox _____	Operation _____
Measles _____	Smallpox _____	Polio Shots _____
Typhoid _____	Scarlet Fever _____	Smallpox Vaccination _____
Pneumonia _____	Influenza _____	Immunized against Diphtheria _____

Date of last physical exam. _____; Current physical exam. forms brought for Grades (K or 1) _____; (4) _____; (7) _____

Factors which may interfere with child's learning: Hearing _____; Sight _____; Speech _____; Malnutrition _____; Heart _____;

Nervousness _____; Easy fatigue _____; Emotional problems or worries _____; Language other than Eng. used in home _____

Person to notify in emergency: 1. _____ Tel. _____
 2. _____ Tel. _____

Physician to call in emergency _____ Tel. _____

If this physician is not available, does school have your permission to call another? _____

My child will go to and from school: Walk _____; bicycle _____; family car _____; car pool _____; school bus _____; public transportation _____

Where child is to go regularly after school _____ (Parent's request or note needed for any change)

If applicable during year, date of withdrawal: _____ Reason: _____

Has student ever been suspended or expelled from any school? _____ If so, explain on back.

Eighth Grade Diploma Date: _____ Eighth Grade Certificate Date: _____

We understand the requirements and regulations of the school and pledge our full cooperation.

Signed _____ Date _____
Pupil Parent or Guardian

Legal Name _____ Last First Middle Nickname _____
 School Board Chairman's Signature _____
 Approved for School Year 19__ : 19__ : 19__ : 19__ : 19__
 Circle Grade K 1 2 3 4 5 6 7 8 9 10