

# AUBURN PUBLIC SCHOOL DISTRICT REGISTRATION INFORMATION

Student ID \_\_\_\_\_

SASID \_\_\_\_\_

Please write or circle the appropriate information on both sides of form.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Grade Entering \_\_\_\_\_ Male or Female (circle) Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ City of Birth \_\_\_\_\_

Primary Language Used at Home \_\_\_\_\_ Is student a child of an active duty member of the uniformed services, National Guard or Reserve? Yes or No

Home Room \_\_\_\_\_ Bus Number \_\_\_\_\_ Counselor \_\_\_\_\_

Ethnicity: Hispanic or Latino Yes or No

Race: Please circle one or more of the selections below **in addition to** ethnicity above.

White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaskan Native
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**Mailing Address** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Guardian 1** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Does student reside with this person? Yes or No May student be released to this person? Yes or No

**Guardian 2** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Does student reside with person? Yes or No May student be released to this person? Yes or No

**Guardian 3** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Does student reside with this person?    Yes    or    No    May student be released to this person?    Yes    or    No

**Guardian 4** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Does student reside with this person?    Yes    or    No    May student be released to this person?    Yes    or    No

Has this student ever attended Auburn Public Schools?    Yes    or    No

Full name and grade of siblings currently attending Auburn Public Schools:

Name \_\_\_\_\_ Grade \_\_\_\_\_    Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_    Name \_\_\_\_\_ Grade \_\_\_\_\_

If parents/guardians cannot be reached in an emergency, contacts are:

Name \_\_\_\_\_ Phone 1 \_\_\_\_\_ Type \_\_\_\_\_ Phone 2 \_\_\_\_\_ Type \_\_\_\_\_

Address \_\_\_\_\_ Relationship to student \_\_\_\_\_

Name \_\_\_\_\_ Phone 1 \_\_\_\_\_ Type \_\_\_\_\_ Phone 2 \_\_\_\_\_ Type \_\_\_\_\_

Address \_\_\_\_\_ Relationship to student \_\_\_\_\_

Parent or guardian signature \_\_\_\_\_ Date \_\_\_\_\_

For office use only:

Proof of aged verified (document) \_\_\_\_\_ Staff member \_\_\_\_\_