WEAKLEY COUNTY SCHOOLS STUDENT REGISTRATION FORM

Child's <u>Full</u> Name			Sex: M F
Address Social Security Number Birth Certificate Number		Date of Birth	
Place of Birth			
Ethnicity: (Circle One)	American Indian	State Pacific Islander White	County Black/African American Asian
Father's Name		Occupation	
Father's Home Phone		Business Phone	
Mother's Name		Occupation	
Mother's Maiden Name		Home Phone	
Person Child Lives With			
Please list two people (ot	Name her than parents) to call in	Relationship case of an emergency:	Phone Number
Name	Relationship		Phone Number
2			
Name Number of children in family	Relationship	Order of child's birth	Phone Number
Family Doctor List any medical		Phone Number	
problems:			
Bathroom problems:			
Allergies:	modication? Vac No	If co. what modication?	
Handedness:	Left	Right	
How will your child get ho			
If school is dismissed early, what arrangements have been made for your child?			
With a relative or friend	or rented by the parent(s)/guardi (family does not have a residence	e) In an automobile	A campsite
Dresden Eleme Greenfield Scho Sharon School Has your child attended H		Gleason School Martin Primary S	School