

**Williamston Community Schools
Student Registration Form**

Today's Date: _____

Student Information

Student Name: _____ Birthdate: _____
(Legal) Last Name, First, Middle Nickname

Grade Entering: _____ Gender: M F Home Phone: _____ Unlisted? Y N
Area Code

Home Address: _____
Street Apt/Lot # City ZIP County of Residence

Race/Ethnicity:
**Please see Race/Ethnicity Background attachment.*

Birthplace: _____ Date of First Immunization: _____

Parent(s)/Legal Guardian(s) Information

Name: _____ Relationship _____

Address: _____
Street Apt/Lot # City ZIP

Employer: _____ Work Phone/Extension _____
Area Code Extension

E-mail Address: _____ Cell Phone _____
Y N - Student resides with the parent/guardian above Area Code

Name: _____ Relationship _____

Address: _____
Street Apt/Lot # City ZIP

Employer: _____ Work Phone/Extension _____
Area Code Extension

E-mail Address: _____ Cell Phone _____
Y N - Student resides with the parent/guardian above Area Code

Emergency Contacts (other than parents)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

**Automated telephone and/or text messages pertaining to school closings and student attendance may be sent to the numbers listed on this form. To opt out of receiving these messages, contact the school office or change your notification preferences in PowerSchool Parent Access.*

(over please)

Medical Information

Doctor's Name: _____ Phone: _____
Area Code

Special medical or health concerns (medications, allergies, etc.) _____

Miscellaneous Information

Previous School Attended: _____ Address: _____

Former Williamston Student? Y N

Does this student receive special education services? Y N Does student have a Section 504 Plan? Y N

If yes, please indicate the program:

- | | | | | |
|----------------------------------|--|---|---------------------------------|--|
| <input type="checkbox"/> Title I | <input type="checkbox"/> Vision Impaired | <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Speech | <input type="checkbox"/> Resource Room |
| <input type="checkbox"/> LD | <input type="checkbox"/> EI | <input type="checkbox"/> EMI | <input type="checkbox"/> OHI | <input type="checkbox"/> Special Ed. Classroom |

Is this student a School of Choice student? Y N If yes, what is the resident district? _____

Is this student a Tuition student? Y N

Ward of the Court? Y N If yes, caseworker's name: _____ Phone: _____
Area Code

Other Children in the Family

- | | | |
|-------------|--------------|---------------|
| Name: _____ | Grade: _____ | School: _____ |
| Name: _____ | Grade: _____ | School: _____ |
| Name: _____ | Grade: _____ | School: _____ |
| Name: _____ | Grade: _____ | School: _____ |

Other special family concerns: _____

Others authorized to pick up your child from school:

- | | | | |
|-------------|--------------|-------------|--------------|
| Name: _____ | Phone: _____ | Name: _____ | Phone: _____ |
| Name: _____ | Phone: _____ | Name: _____ | Phone: _____ |

Signature of Parent/Guardian

Date

Office Use Only

Entry Date	Bus Number	Band/Choir	Locker #
Student Number	UIC Code		