

# SUMMERFIELD ELEMENTARY REGISTRATION FORM

<b>Date</b>	<b>School Year Enrolling in</b>	<b>Grade</b>	<b>Birthdate</b>
			/ /

<b>Student Name</b>	<b>Gender</b>	<b>Age</b>
	MALE FEMALE	
<i>First Middle Last</i>		

<b>Address</b>	<b>City &amp; State of Birth</b>
<i>Street City State Zip</i>	

**Please Indicate:**  African American  American Indian  Asian  Hispanic  Caucasian  Native Hawaiiin Racial %

<b>Primary Language</b>	<b>Special Ed Services?</b>	<b>Parental Military Status</b>
	YES NO	<input type="radio"/> Active Duty <input type="radio"/> National Guard/Reserves <input type="radio"/> No Military

<b>Contact 1 Information</b>	<b>(Living With? <input type="radio"/> Yes <input type="radio"/> No)</b>
Name & Relationship	
Address	
Place of Employment	
Email Address	
Phone <span style="margin-left: 20px;"><i>Home</i></span>	
<span style="margin-left: 20px;"><i>Cell</i></span>	
<span style="margin-left: 20px;"><i>Work</i></span>	

<b>Contact 2 Information</b>	<b>(Living With? <input type="radio"/> Yes <input type="radio"/> No)</b>
Name & Relationship	
Address	
Place of Employment	
Email Address	
Phone <span style="margin-left: 20px;"><i>Home</i></span>	
<span style="margin-left: 20px;"><i>Cell</i></span>	
<span style="margin-left: 20px;"><i>Work</i></span>	

**In Case of Emergency (other than the above listings)**

<i>Name Phone Relationship</i>
<i>Name Phone Relationship</i>

**Siblings**

<i>Name Age</i>
<i>Name Age</i>



<b>Student ID Number</b>	<b>Items Needed &amp; Received</b>	<b>UIC Number</b>
	B. Certificate /Immunizations / Court Papers	

Resident  Out of County  Non Resident

**PLEASE FILL OUT REVERSE SIDE →**

