



NOME PUBLIC SCHOOLS ANNUAL STUDENT REGISTRATION FORM

This information is required to be updated each year, and as needed; please PRINT or TYPE.

Student's Legal Name: _____ Grade: _____ Gender: M F
Last, First, Middle

Date of Birth: _____ Age: _____ Place of Birth: _____
Social Security Number: _____ Last Grade Completed: _____

Ethnicity: *You may check more than one ethnicity if applicable.*

- 01- White 02- Black 03 - Hispanic
- 04 - Asian 05 - American Indian 06 - Alaska Native
- 07 - Mixed Ethnicity 08 - Native Hawaiian or Pacific Islander

Home Phone: _____ PO Box: _____ Physical Address: _____
House number, street, apt number

Is this student enrolled in special education? Yes No

Is this the student's first time enrolling in this district? Yes No

Name and address of previous school attended (if not in this district): _____

Name and age of other children in same household: _____

Parents/Legal Guardians: *please list parents and legal guardians ONLY in order of contact.*

	Parent/ Legal Guardian 1	Parent/ Legal Guardian 2
Name		
Relationship to Student		
Live with Student?		
Mailing Address		
Employer		
Phone	Hm: Wk: Cell:	Hm: Wk: Cell:
Email Address		

Other LOCAL Emergency Contacts: *Please list at least one local person other than parents/guardians.*

Name	Relationship to Student	Phone Numbers
		Hm: Wk: Cell:
		Hm: Wk: Cell:

REQUIRED:

Parent/Guardian Signature: _____ Date: _____

FOR SCHOOL USE ONLY

Date enrolled: _____ Homeroom teacher: _____ State ID: _____ (if known)

Immunizations received: _____ Birth Certificate received: _____

Records requested: _____

Records received and checked by: _____

Signature

Date