

**LINCOLNVIEW LOCAL SCHOOLS
STUDENT REGISTRATION INFORMATION**

NAME _____ **CALLED NAME** _____
(Last) (First) (Middle)

ADDRESS _____
(P.O. Box and Street Address) (City) (State) (Zip Code)

TELEPHONE _____ **SEX** (Male) ____ (Female) ____

IS THE STUDENT OF HISPANIC/LATINO HERITAGE? YES ___ NO ___

ETHNIC ORIGIN (RACE): WHITE ___ AFRICAN AMERICAN ___ HISPANIC/LATINO ___ ASIAN ___
AMERICAN INDIAN ___ PACIFIC ISLAND ___ MULTI RACIAL ___

DO YOU LIVE IN THE LINCOLNVIEW DISTRICT? Y N / **IF NO-District of Residence** _____

PRE-SCHOOL OR PRIOR SCHOOL ATTENDED _____ **NUMBER OF YEARS** _____

DATE OF BIRTH _____ **PLACE OF BIRTH** _____ **SOC. SEC. #** _____

MOTHER'S MAIDEN NAME _____ **DATE OF ENTRANCE** _____ **GRADE LEVEL** _____

PARENT INFORMATION: (FATHER) (MOTHER) (GUARDIAN)

Name _____

Street & PO _____

City, state, zip _____

Telephone _____

Occupation _____

IF PARENTS DO NOT LIVE TOGETHER, PLEASE CHECK:

Never Married _____ Parents Separated _____ Parents Divorced _____ Father Deceased _____ Mother Deceased _____

NAMES AND DATES OF BIRTH OF BROTHERS AND SISTERS:

IS STUDENT ENROLLED IN ANY SPECIAL EDUCATION OR TUTORIAL PROGRAMS? _____

DOES YOUR CHILD HAVE ANY PHYSICAL OR HEALTH CONDITIONS THAT WE SHOULD KNOW ABOUT?

Is there any guardianship or legalized documentation of custody?

Past _____ Present _____ Pending _____

Parent or guardian's signature: _____ **Date** _____