

School Applying to: _____ Date: _____

BAY CITY PUBLIC SCHOOLS REGISTRATION QUESTIONNAIRE

STUDENT'S LEGAL NAME _____

(Last) (First) (Middle)

Sex: M _____ F _____ Grade: _____ Social Security # _____ Birthdate: _____

Birthplace _____

(City) (County) (State) ****BIRTH CERTIFICATE MUST BE SHOWN AND COPIED****

Home Phone # _____ Unlisted? Yes _____ No _____ Native Language _____

Transfer From _____

(School) (Address) (City) (State) (Grade)

Ethnic: (Circle One) ****If the student registering is considered to be multi-racial, please indicate primary with a "1" and secondary with a "2"**

01-Am. Indian 02-Asian Am. 03-Black/African Am. 04-Hispanic/Latino 05-White 06-Hawaiian/Pacific Islander

Is the student receiving any Special Education Services? _____

Home Address: _____

(Number) (Direction) (Street/Road) (City) (Zip Code)

Mailing Address: _____

(If different) (Number) (Direction) (Street/Road) (City) (Zip Code)

PRIMARY CONTACT INFORMATION:

Parent/Guardian: _____

(Last) (First) (Middle) (Relationship to Student)

Phone: _____ Cell Phone: _____ Email Address: _____

Employer: _____ Phone: _____

SECONDARY CONTACT INFORMATION:

Parent/Guardian: _____

(Last) (First) (Middle) (Relationship to Student)

Phone: _____ Cell Phone: _____ Email Address: _____

Employer: _____ Phone: _____

ADDITIONAL CONTACTS:

Name: _____ Phone: _____

(Relationship to Student)

Name: _____ Phone: _____

(Relationship to Student)

Marital Status of Parents: _____ With whom does student reside: _____

EMERGENCY INFORMATION: (OTHER THAN PARENT - PLEASE INCLUDE AT LEAST ONE CONTACT)

Name: _____ Phone: _____

(Relationship to Student)

Name: _____ Phone: _____

(Relationship to Student)

OTHER CHILDREN IN FAMILY:

(Name) (Birthdate) (Age) (School Attending) (Grade)

(Name) (Birthdate) (Age) (School Attending) (Grade)

(Name) (Birthdate) (Age) (School Attending) (Grade)

(Name) (Birthdate) (Age) (School Attending) (Grade)

*****SCHOOL OFFICE USE ONLY*****PLEASE DO NOT WRITE BELOW THIS LINE*****

Residency verified by _____ (Signature of School Official verifying residency)

Document (check one) _____ Driver's License _____ Utility Bill _____ Rent Receipt _____ Property Tax Receipt _____ Phone Listing

Other _____

Immunization Complete? Yes _____ No _____ Additional Information _____

IN ORDER TO REGISTER YOU WILL NEED THE FOLLOWING DOCUMENTS: BIRTH CERTIFICATE, IMMUNIZATION RECORD, PROOF OF RESIDENCY, TRANSCRIPT INFORMATION FROM PRIOR SCHOOL/LAST REPORT CARD RECEIVED.