

Meridian CUSD#15 -- Registration Information

STUDENT INFORMATION:

Grade This Year: _____

Last School Attended _____ School Fax or Phone: _____

First Name: _____ Middle Name: _____ Last Name: _____

Gender: F M Birthdate: _____ Birthplace: _____

Race (Check All that Apply): White American Indian Asian/Pacific Black/African Hispanic

Address: _____ City: _____ Zip: _____ County _____ Mailing

Address: _____ City: _____ Zip: _____

Do you Rent or Own your current residence? (Y or N) _____ *If **No**, you need to complete Letter of Residence Form

Home Phone#: _____ Preferred School Reach Contact#: _____

FAMILY INFORMATION:

Parent serves in the Armed Forces _____ (Optional)

Student Lives With (Please Check) * If student lives with non-parent, you need to complete Evidence of Custody Form

Father Mother Other Relationship: _____

Name: _____ Email Address: _____

Employer: _____ Work Phone# _____ Cell Phone# _____

Father Mother Other Relationship: _____

Name: _____ Email Address: _____

Employer: _____ Work Phone# _____ Cell Phone# _____

ALTERNATE FAMILY INFORMATION:

Father Mother Other Relationship: _____

Name: _____ Email Address: _____

Address: _____ City: _____ Zip: _____

Employer: _____ Work Phone# _____ Cell Phone# _____

EMERGENCY CONTACT INFORMATION (Other than parents):

Name: _____ Relationship: _____ Phone# _____

Name: _____ Relationship: _____ Phone# _____

SERVICES OFFERED:

IEP (Y or N) _____ 504 (Y or N) _____ Speech (Y or N) _____ Title Services (Y or N) _____

I certify all the above information is correct.

Parent/Guardian Signature

Relationship

Date