

Spreckels Union School District

Registration Data Form

STUDENT'S LEGAL NAME			
First Name	Middle Name	Last Name	Suffix
Gender: <input type="checkbox"/>	Birth Date: <input type="text"/>	<input type="text"/>	<input type="text"/>
Grade: <input type="checkbox"/>	Month	Day	Year
Student's Birthplace:	<input type="text"/>		<input type="text"/>
	City	State	
Student's Primary Residence*:	<input type="text"/>		
*In the event the student resides in multiple households, please provide a single address here for State reporting requirements	Street		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	City	State	Zip Code
	Country		
Interdistrict Transfer (circle one): Yes / No			
PARENT/LEGAL GUARDIAN INFORMATION (with whom the student lives)			
First Name	Middle Name	Last Name	Suffix
Mr./ Mrs./ Ms. /Other (circle one)	<input type="text"/>		
	Relation to Student		
Parent/Legal Guardian Residence:	<input type="text"/>		
	Street		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	City	State	Zip Code
Parent/Legal Guardian Mailing Address: (if different from above)	<input type="text"/>		
	Street		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	City	State	Zip Code
Phone Number(s):	<input type="text"/>	<input type="text"/>	<input type="text"/>
	cell / home / work (circle one)		cell / home / work (circle one)
Email Address:	<input type="text"/>		
Student Services			
Is the student currently receiving any of the following services?			
Individualized Education Plan (IEP)	<input type="checkbox"/>		
504 Plan	<input type="checkbox"/>		
Other (please describe)	<input type="checkbox"/>		
LAST SCHOOL ATTENDED			
School Name	Grade	Date Last Attended	
School Address:	<input type="text"/>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	City	State	Zip Code
Country			
Signature of Parent/Legal Guardian			Date
FOR DISTRICT USE ONLY			

Reviewed By

Teacher

Date of Review

SIS Entry Date