

Registration Form 2011-12
Barneveld School District

CHECK HERE IF ADDRESS OR
PHONE HAS CHANGED SINCE LAST
YEAR.

Student Info:

Birth:

Last,First Name _____ D.O.B _____ Cnty & St. _____ Gender _____
Last, First Name _____ D.O.B _____ Cnty & St. _____ Gender _____
Last,First Name _____ D.O.B _____ Cnty & St. _____ Gender _____
Last, First Name _____ D.O.B _____ Cnty & St. _____ Gender _____

LANGUAGES OTHER THAN ENGLISH SPOKEN IN THE HOME: _____

1. Address (Primary) _____ Phone _____
Address (Secondary) _____ Phone _____

Ever been Expelled? _____ **In the process of an Expulsion?** _____

2. Primary Guardian Name _____ Relationship _____
Address _____
Home Phone _____
Work Phone _____
Cell Phone _____
Email _____

Do you wish to receive auto-email on lunch account balances? Yes No
(Email address required)

3. Secondary Guardian Name _____ Relationship _____
Address _____
Home Phone _____
Work Phone _____
Cell Phone _____
Email _____

**PK & Kindergarten students
must be Registered at August
registration.**

4. Emergency Contact 1 _____ Relationship _____
Address _____
Phone _____

Emergency Contact 2 _____ Relationship _____
Address _____
Phone _____

5. Physician Name _____ Hospital _____
Address _____
Phone _____

Bus Transported _____ Yes _____ No _____

Emergency Closing Instructions _____

Guardian Signature 1 _____

Guardian Signature 2 _____

Race: Black-not Hispanic _____
White-not Hispanic _____ Hispanic/Latino Ethnicity? _____
Hispanic _____
America Indian/Alaska Native _____
Asian/Pacific Islander _____
(PLEASE CHECK ONE)

The Barneveld School District does not discriminate on the basis of sex, race, color, religion, creed, age, national origin, ancestry, pregnancy, marital status, sexual orientation, or disability.