

SOUTHERN UNION CONFERENCE ELEMENTARY REGISTRATION APPLICATION

(Please print in Ink) School _____
 Pupil's Legal Name _____ Sex: F ___ M ___
 Last First Middle Nickname
 Date of Birth _____ Place of Birth _____ State _____
 Mo. Da. Yr. City

Verification of Birth _____ Social Security No. _____
 Address (and changes of address)

1. _____ Tel. _____
 No. Street City State Zip
 2. _____ Tel. _____
 3. _____ Tel. _____

GRADE PLACEMENT		
Date Enrolled Mo. Da. Yr.	Age Yr. Mo.	Grade

Family Information	Father	Mother	Guardian
Legal Name			
Check one Home Address if Different from above	Natural ___ Step ___ Foster ___	Natural ___ Step ___ Foster ___	Relation to Child:
Home Telephone			
Occupation			
Education			
Business Address			
Business Telephone			
Birth Date			
Birth Place			
U.S. Citizen	YES <input type="checkbox"/> NO <input type="checkbox"/> Other: _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Other: _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Other: _____
SDA Member	YES <input type="checkbox"/> NO <input type="checkbox"/> Other: _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Other: _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Other: _____
Marital Status	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other: _____	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other: _____	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other: _____

Other persons living with family _____ Relation to child _____
 Church child attends _____ Denomination _____
 Baptism — Place: _____ Date _____ Age _____

Children in family in order of birth including this child:				Transfer Students Only:	
Names	Living at Home	Sex	Birth Date Mo. Da. Yr.	School last attended	Address
					Street and Number
					City State Zip
					Grade Completed

NOTE: Grade placement of transfer pupils is tentative until official transcript and records are received from last school.

Check any of the following diseases; give dates of immunizations the student has had:

Mumps _____ Dis. _____ Im. _____	Tonsillitis _____ Dis. _____ Im. _____	Chorea _____ Dis. _____ Im. _____
Whooping Cough _____	Rheumatism _____	Injury _____
Diphtheria _____	Chicken Pox _____	Operation _____
Measles _____	Smallpox _____	Polio Shots _____
Typhoid _____	Scarlet Fever _____	Smallpox Vaccination _____
Pneumonia _____	Influenza _____	Immunized against Diphtheria _____

Date of last physical exam. _____; Current physical exam. forms brought for Grades (K or 1) _____; (4) _____; (7) _____
 Factors which may interfere with child's learning: Hearing _____; Sight _____; Speech _____; Malnutrition _____; Heart _____;
 Nervousness _____; Easy fatigue _____; Emotional problems or worries _____; Language other than Eng. used in home _____

Person to notify in emergency: 1. _____ Tel. _____
 2. _____ Tel. _____
 Physician to call in emergency _____ Tel. _____

If this physician is not available, does school have your permission to call another? _____
 My child will go to and from school: Walk _____; bicycle _____; family car _____; car pool _____; school bus _____; public transportation _____
 Where child is to go regularly after school _____ (Parent's request or note needed for any change)
 If applicable during year, date of withdrawal: _____ Reason: _____

Has student ever been suspended or expelled from any school? _____ If so, explain on back.
 Eighth Grade Diploma Date: _____ Eighth Grade Certificate Date: _____

We understand the requirements and regulations of the school and pledge our full cooperation.
 Signed _____ Pupil _____ Parent or Guardian _____ Date _____

(Official Use)
 Legal Name _____
 Last First Middle
 School Board Chairman's Signature _____
 Nickname _____
 Circle Grade K 1 2 3 4 5 6 7 8 9 10
 Approved for School Year 20 , 20 , 20 , 20