

**WYTHE COUNTY PUBLIC SCHOOLS
STUDENT REGISTRATION FORM**

SCHOOL USE: Student ID Number _____

Enrollment Year _____

Homeroom Teacher _____ Bus No. _____

Date _____

Student Information

Gender: Male / Female

Grade _____

Last Name _____ First _____ Middle _____

Mailing Address _____ City _____ State _____ Zip Code _____

911 Address _____

Phone No. _____ Birth Date _____ Place of Birth _____

Hispanic/Latino (choose one) Yes No

Race (choose one or more): American Indian/Alaska Native Asian Black/African American

Native Hawaiian/Pacific Islander White

Student Resides With: (Name) _____ Relationship to Student _____

County of Residence _____ Language in Home _____

*If other than English, completion of Home Language Survey is required.

Parent in the uniformed services: Not Military Connected Active Duty National Guard/Reserve

Parent/Guardian Information

Last Name _____ First _____ Middle Initial _____

Relationship to Student _____ Phone No. _____

Cell Phone No. _____

Address _____ City _____ State _____ Zip Code _____

Occupation _____ Work Hours From _____ To _____

Work Address _____ City _____ State _____ Zip Code _____

Employer _____ Work Phone No. _____ Phone Ext. _____

E-Mail Address _____

=====
Last Name _____ First _____ Middle Initial _____

Relationship to Student _____ Phone No. _____

Cell Phone No. _____

Address _____ City _____ State _____ Zip Code _____

Occupation _____ Work Hours From _____ To _____

Work Address _____ City _____ State _____ Zip Code _____

Employer _____ Work Phone No. _____ Phone Ext. _____

E-Mail Address _____

Names of Siblings at Home	Age	School Attending	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Information

Contact Person Other Than Parent/Guardian _____

Phone No. _____ Relationship to Student _____

Address _____

Second Contact Person _____

Phone No. _____ Relationship _____

Address _____

Medical or handicapping conditions, known allergies, or other circumstances requiring special handling or treatment:

Student is on the following medications: _____

Physician Information

Doctor: Name _____ Phone No. _____ Ext. _____

Address _____ City _____ State _____ Zip Code _____

Are there any **custody or legal documents** regarding this student? No ___ Yes ___
 (If "yes", the parent is responsible for providing copies to the school.)

If Transferring From Another School: County _____

Name of School _____

Have Attended Other Wythe County Schools: _____

Dear Parent/Guardian:
Please contact us immediately if/when any of this information changes.
Additional Information May Be Written on Additional Sheet