

Oklahoma City Public Schools

STUDENT REGISTRATION FORM - PLEASE PRINT

STUDENT #		SCHOOL NAME	
ENTRY DATE	CODE	ENTRY TEACHER/TEAM	BIRTH VERIFICATION
<input type="checkbox"/> RESIDENCY VERIFICATION	<input type="checkbox"/> BIRTH CERTIFICATE	<input type="checkbox"/> LANGUAGE SURVEY	<input type="checkbox"/> CAR / WALK / BIKE
<input type="checkbox"/> CUSTODY VERIFICATION	<input type="checkbox"/> IMMUNIZATIONS	<input type="checkbox"/> TRANSFER PAPERS	<input type="checkbox"/> DAY CARE PHONE
<input type="checkbox"/> CUSTODY ALERT	<input type="checkbox"/> PHYSICAL	<input type="checkbox"/> BUS	<input type="checkbox"/> NUMBER

SPECIAL CUSTODY / HEALTH PROBLEMS WE SHOULD BE AWARE OF:

STUDENT LEGAL NAME - Last	Jr., III, Etc.	First	Middle	Entering Grade
STUDENT SOCIAL SECURITY NUMBER		SEX <input type="checkbox"/> M <input type="checkbox"/> F	AKA / Nickname	
Former Last Name - if any				
STREET ADDRESS		APT#/LOT#	MAILING ADDRESS - if different	
		APT #		
CITY / STATE / ZIP		CITY / STATE / ZIP		
HOME TELEPHONE		UNLISTED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF BIRTH	BIRTH PLACE - State or Country
RACIAL / ETHNIC CATEGORY - Please check one: <input type="checkbox"/> ASIAN or PACIFIC ISLANDER <input type="checkbox"/> BLACK - non hispanic <input type="checkbox"/> HISPANIC <input type="checkbox"/> WHITE - non hispanic <input type="checkbox"/> AMERICAN INDIAN				Language Spoken in the Home

STUDENT LIVES WITH: BOTH PARENTS MOTHER ONLY FATHER ONLY PARENT and STEP PARENT OTHER

MOTHER / GUARDIAN 1 NAME _____ RELATIONSHIP _____ TELEPHONE HOME _____ WORK _____ PLACE OF EMPLOYMENT _____ <input type="checkbox"/> FEDERALLY EMPLOYED PAGER / CELLULAR # _____	FATHER / GUARDIAN 2 NAME _____ RELATIONSHIP _____ TELEPHONE HOME _____ WORK _____ PLACE OF EMPLOYMENT _____ <input type="checkbox"/> FEDERALLY EMPLOYED PAGER / CELLULAR # _____
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EMERGENCY CONTACTS and TELEPHONE - OTHER THAN PARENT / GUARDIAN Can Check Student Out of School

Name _____	Relationship _____	SS# _____	Home Phone _____	Work Phone _____	<input type="checkbox"/>
Name _____	Relationship _____	SS# _____	Home Phone _____	Work Phone _____	<input type="checkbox"/>

NAME OF LAST SCHOOL or PRE-SCHOOL ATTENDED	PREVIOUSLY ATTENDED: <input type="checkbox"/> OKLAHOMA STATE PUBLIC GRADE _____ <input type="checkbox"/> OKLAHOMA CITY PUBLIC SCHOOLS	STUDENT EVER RETAINED? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>*YES WHAT GRADE LEVEL _____</small>
STREET ADDRESS	CITY AND STATE	ZIP CODE

OTHER CHILDREN IN FAMILY				
Name	Age	Sex	Name of School	Grade

Do you authorize the principal or his / her designee to release Directory information (i.e. parent name, student name, age, address, telephone number, school, and if participating in sports - height, weight, playing position) on your child for such purposes as: Honor Roll, yearbook, athletic game programs, newspapers, parent organization communications, creating telephone list, etc?
PLEASE CHECK ONE:

YES, I authorize the Principal or his / her designee to release above Directory information **NO**, I do not authorize the Principal or his / her designee to release above Directory information

PARENT / GUARDIAN SIGNATURE _____ DATE _____