

Riverside Local Schools Registration Form

For Office Use Only:

Start Date _____

Homeroom _____

New Student to District

Returning Student

Entry Grade _____

School Year _____

Parent Email _____

Student's Name _____ (Called Name) _____

Social Security Number _____ Date of Birth _____ Place of Birth _____

Student's Address _____
Street PO Box/Apt City State Zip

Gender: Male Female

Mother's Maiden Name _____

County of Residence _____

District Residence _____

Last School Attended _____

How Long _____

Please check all that apply below:

Gifted or Advanced Placement

Special Education Copy of the IEP: Yes No

Suspended or Expelled From what school _____

Homeless

Citizenship:

US Citizen

Refugee

Immigrant

Non-Immigrant

Native/Primary Language:

English

Other _____

African American

Alaska Native

American Indian

Race:

Asian

Hispanic

Multiracial

Native Hawaiian

Other Pacific Islander

White

Health:

Physical Disability _____

Allergy (s) _____

Medication _____

Other _____

Student Lives With (check all that apply):

Mother

Father

Step-Parent

Grandparent

Foster Parent

Guardian

Spouse

Self

Note: If any prescription medications are necessary to be administered at school for this child, a medical form must be completed by the student's physician and on file with the school nurse.

Primary Phone Number _____

Primary Contact Relationship _____

Contact Information

Legal Custody/Guardianship

Mother Father Guardian Foster Parent

Parent/Guardian Information

Mother:

Residential Parent Non-Residential Parent Same Address as Student

Name _____

Address _____
 Street/PO Box City State Zip

Cell Phone _____ Home Phone _____

Workplace _____ Work Phone _____

Father:

Residential Parent Non-Residential Parent Same Address as Student

Name _____

Address _____
 Street/PO Box City State Zip

Cell Phone _____ Home Phone _____

Workplace _____ Work Phone _____

Legal Guardian:

Residential Parent Non-Residential Parent Same Address as Student

Name _____

Address _____
 Street/PO Box City State Zip

Cell Phone _____ Home Phone _____

Workplace _____ Work Phone _____