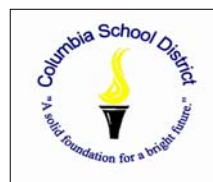


COLUMBIA SCHOOL DISTRICT REGISTRATION FORM


STUDENT INFORMATION
 Please fill in all information requested below for the student being enrolled.

Legal Last Name:	Legal First Name:	Initial:	Gender: M F
Physical Address: (Street Address Not PO Box Number)			
Mailing Address: (PO Box Number)			
City:	Zip:		
Home Phone:	E-mail Address:		
Birth Date: (Certified birth certificate required at time of registration)			
Ethnic Origin: Is the student of Hispanic/Latino origin? Yes No			
Race: American Indian Caucasian Hispanic African American Asian (Bi-racial please circle those that apply)			
Name of Resident School District:			
If you are not a Columbia School District Resident, have you filed School of Choice paperwork? Y N			
Does Your Child Receive Any Special Education Services: Y N			
What Type? Resource Room Speech/Language Teacher Consultant Occup. Therapy Other			
Medical Conditions: Asthma Diabetes Seizure Disorder Allergies Other:			
Photo/videotape Permission_____ Field Trip Permission_____ Directory Information Permission_____			

EMERGENCY INFORMATION
 The following information is very important in case your child has a medical emergency.

Male Head of Household:	Relationship to Student:
Work Phone Number:	Cell Phone:
Female Head of Household:	Relationship to Student:
Work Phone Number:	Cell Phone:
Emergency Contact Other than parent:	Phone Number:

OFFICE USE ONLY

Building Assignment:	Student Number:
Entry Date:	Grade Level:
Teacher Assignment:	Name & Address of Last School Attended:
Locker:	
Combination:	
Book Fee Paid: Y N	
Certified Birth Certificate Provided: Y N	City of Birth:
Immunization Records Provided: Y N	
Acceptable Use Policy Signed: Y N	UIC:
Notations:	

Signature of Registering Official:	Date:
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