



WAYNE COUNTY

student registration form

To enroll your child for ANY services, we will need the following documentation:

- Birth Certificate or other documentation indicating date of birth
- Proof of residency (closing papers/lease agreement, current tax bill or current gas/electric bill)
- Custody papers (if applicable)
- Immunization history
- Registration form completed in its entirety

student information

Student Name: _____ Male
Last First Middle Female

Preferred Name: _____ Date of Birth: _____
(xx/xx/xxxx)

Address: _____
Street City/Town Zip

Is the student a citizen of the United States? Yes No

If the student was not born in the United States, when did the student enter the United States? _____

How many years has the student attended school in the United States? _____

Is this student registering school for the first time? Yes No

If no, where did the student last attend school? _____

Is the child hispanic or latino? Yes No

What is the child's ethnicity? (Please check one)

- American Indian or Alaskan Native Asian or Pacific Islander Hispanic
- Black, not of Hispanic origin White, not of hispanic origin

Special services needed: (Please check all that apply)

- Current IEP 504 ESL (English as a second language)
- Occupational Therapy Physical Therapy Speech Other: _____

guardian/family information

student name: _____

Parent/Guardian 1:

Name: _____

Address: _____

Phone: (home) _____ (work) _____ (cell) _____

Email: _____ Relationship to child: _____

I would like to receive mailings for this student:

Yes No

Has this parent/guardian been employed in temporary or seasonal agricultural work/activities?

Yes No

Parent/Guardian 2:

Name: _____

Address: _____

Phone: (home) _____ (work) _____ (cell) _____

Email: _____ Relationship to child: _____

I would like to receive mailings for this student:

Yes No

Has this parent/guardian been employed in temporary or seasonal agricultural work/activities?

Yes No

Student currently resides with: (Court Documents are required for custody rights and legal alerts.)

Both parents Mother Father Legal Guardian Other: _____

Emergency Contact 1: (Alternate-Parent/Guardians will be contacted first).

Name: _____

Address: _____

Phone: (home) _____ (work) _____ (cell) _____

Email: _____ Relationship to child: _____

Allowed to pick child up from school? Yes No

guardian/family information *continued*

Emergency Contact 2: (Alternate-Parent/Guardians will be contacted first)

Name: _____

Address: _____

Phone: (home) _____ (work) _____ (cell) _____

Email: _____ Relationship to child: _____

Allowed to pick child up from school? Yes No

Babysitter/Daycare Provider

Name: _____

Address: _____

Phone: (home) _____ (cell) _____

When will this child go to daycare? Before school After school Both

Sibling 1:

Name: _____ Male Female D.O.B.: _____

Relationship to Student: _____ Grade: _____ School Attending: _____

Address: (if different from student) _____

Sibling 2:

Name: _____ Male Female D.O.B.: _____

Relationship to Student: _____ Grade: _____ School Attending: _____

Address: (if different from student) _____

Sibling 3:

Name: _____ Male Female D.O.B.: _____

Relationship to Student: _____ Grade: _____ School Attending: _____

Address: (if different from student) _____

Sibling 4:

Name: _____ Male Female D.O.B.: _____

Relationship to Student: _____ Grade: _____ School Attending: _____

Address: (if different from student) _____