

**TABERNACLE TOWNSHIP SCHOOL DISTRICT
Registration Form**

STUDENT

Name: _____
(Last) (First) (Full Middle) (Suffix)

Grade: _____

(Nickname): _____

Date of Birth: _____

Gender: Male Female Non-Binary/Undesignated

City/State of Birth: _____

Address of Student: _____

Country of Birth: _____

(City) (State) (Zip)

If student was not born in any State, District of Columbia, or Puerto Rico, then please indicate First Day in U.S. School: _____

Home Telephone #: _____

GUARDIAN 1

Name: _____
(Last) (First)

Relation to student: _____

Address if different from Student: _____

Home Phone: _____

(City) (State) (Zip)

Work Phone: _____

Cell Phone: _____

Occupation: _____

Email address: _____

Employer: _____

Active Duty/Uniformed Services

Civilian Working on Federal Property

GUARDIAN 2

Name: _____
(Last) (First)

Relation to student: _____

Address if different from Student: _____

Home Phone: _____

(City) (State) (Zip)

Work Phone: _____

Cell Phone: _____

Occupation: _____

Email address: _____

Employer: _____

Active Duty/Uniformed Services

Civilian Working on Federal Property

GUARDIAN 3

Name: _____
(Last) (First)

Relation to student: _____

Address if different from Student: _____

Home Phone: _____

(City) (State) (Zip)

Work Phone: _____

Cell Phone: _____

Occupation: _____

Email address: _____

Employer: _____

Active Duty/Uniformed Services

Civilian Working on Federal Property

Parent(s): Married Together Separated Divorced Remarried Single

Deceased: Father _____ Mother _____

Student resides with: Father _____ Mother _____ Stepfather _____ Stepmother _____

Other: (explain relationship) _____

Ethnicity: *(Please check all that apply)* Hispanic White Black Asian
 Amer. Indian/Alaska Native Hawaiian Native/Other Pacific Islander

Grade Entering: _____

Name of Previous School/ Preschool	Complete Address (Town, County, State, Country)	Phone Number	Dates Attended

Type of School: Public Private Home Schooled

Do you have a court order stating any persons are **not** permitted to pick up your student from school? No Yes

If yes, please supply a copy of the court order (Person's Name _____)

and please explain: _____

If there is a court order in existence regarding custody, two copies are required.

Other Children in Family

(Oldest to Youngest) NAME	Date Of Birth Month / Day / Year	Place of Birth	Name of School/Grade Attended

Is another language besides English spoken in your home? Yes No If yes, what language? _____

Has your student ever received English as a Second Language services (ESL)? Yes No If yes, what grade(s)? _____

Has your student participated in or been recommended for Gifted/Talented Program? Yes No

Has your student ever repeated a grade? Yes No

Does your student currently have an IEP or 504 Plan or receive any specialized school program/related services? Yes No

If yes, please fill out the following information.

Has your student participated in the following:

Speech Therapy Yes No; Occupational Therapy Yes No; Physical Therapy Yes No

Health Insurance: Does Your child have health insurance? Yes No

If yes, please indicate the name of the insurance company. _____

I hereby authorize the Tabernacle Township School District to investigate and confirm any and all statements made by me on this form. I am aware that if any statements contained on this registration form concerning residency are false, I may be assessed the tuition for the aforementioned child and prosecuted to the full extent of the law.

Parent/Guardian Name: _____
(Please print)

Parent/Guardian Signature: _____ Date: _____
(Please sign in ink)

School Use Only:

Birth Certificate Shot Record Physical Proof of Residency Language Form

Court Order Regarding Custody: Yes No If yes: Main Office