

**FRUITLAND SCHOOL DISTRICT
REGISTRATION FORM**

LEGAL LAST NAME _____ FIRST _____ MIDDLE _____

Gender _____ Race/Ethnicity _____ Soc.Sec. # _____

DATE OF BIRTH _____ CITY & STATE OF BIRTH _____

STUDENT LIVES WITH _____ RELATIONSHIP _____

Father's Name (first and last) _____ Employer _____

Home Phone _____ Cell Phone _____ Work Phone _____

Mother's Name (first and last) _____ Employer _____

Home Phone _____ Cell Phone _____ Work Phone _____

Mailing Address _____ City _____ State _____ Zip _____

Street Address _____ City _____ State _____ Zip _____
(if different than mailing address)

*If student lives with guardian or grandparents, please list their name,
address and phone numbers:

Name Address City State Zip

Home Phone Cell Phone Work Phone

Last School Attended _____ Grade _____

Address City State Zip Phone Fax

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM

Please check any program your child was in at their previous school:

Special Ed. _____ Title I _____ Gifted & Talented _____ Speech Therapy _____

EMERGENCY CONTACTS (other than responsible guardians). If child is in day care, please indicate provider and phone number.

Name (first and last) Day time phone

Name (first and last) Day time phone

Name (first and last) Day time phone

Name (first and last) Day time phone

Parent or legal guardian signature Date

BUS INFORMATION (for elementary and intermediate students ONLY)

Primary drop off address Day care address

Please note: You will only be allowed three bus changes for the year per school district policy.