

Twin Ridges Elementary School District Registration Application ~ 2022-2023 School Year

School: _____

Student ID # _____

To be completed by the school _____

Pupil's Legal Last Name _____ Pupil's First Name _____ Birth Date _____ Grade _____ Male/Female _____

(Nickname) _____ Middle Name _____ Other Last Name Used _____ Birth Place (City) _____ Birth State _____

Mailing Address: Street or PO Box _____ City _____ Zip _____ Home Phone _____ Cell _____

Residence Address: Street Address (No PO Box) _____ City _____ Zip _____ County of Residence _____ School District of Residence _____

I certify under penalty of law, that the above residence address is my primary residence.

Parent/Guardian (Full Name)	Name of Employer	Occupation	Work Phone	E-mail Address	Living With
Father:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Mother:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Step Parent:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Or Guardian:					<input type="checkbox"/> Yes <input type="checkbox"/> No

*Legal Restrictions Are: (A Current Signed Court Order Must Be Provided)

*Court Order on file at school Yes No

Name of Siblings	Brother	Sister	Year Born	School Currently Attending	Adults Other Than Parents Living In Home	Relationship To Student

If the school cannot contact you in an emergency, please name a local siter, friend, relative or neighbor who may be called if your child is ill or injured. Your child will be released only to these people.

Name: _____ Phone: _____ Relationship: _____
 Name: _____ Phone: _____ Relationship: _____

Signature of Parent/Guardian: _____ Date: _____