

SUNRIDGE MIDDLE SCHOOL REGISTRATION FORM

Last Name (Legal)	First Name	Middle Name
Last Name (Preferred)	First Name	Middle Name
Grade: _____	Gender: M F X	DOB: ____ / ____ / ____
City/State of Birth _____		S.S.# _____ - ____ - ____
Mother's Maiden Name _____		

Services or Programs (Check all that may apply):

Military Connected
 Medical or Medication Supports
 504 Accommodations
 IEP/IFSP/Special Education
 English Learner Services
 Homeless Youth Services
 Behavior Services
 Counseling
 Migrant
 Other: _____

Last School Attended:

 Phone _____ Fax _____

Household Information:

Residence Address: _____ City/State _____ Zip Code _____
 Mailing Address: if different from residence _____
 Home Phone: _____ Email: _____

Are you living with friends or relatives due to financial hardship? YES NO
 Is this living situation temporary or due to loss of housing or financial hardship? YES NO

Parent/Guardian Information and Emergency Contact Information:

1	Name	Relation	L/W Y N	Phone			Employer
				Home	Cell	Work	
	Email: _____						
2			Y N	Home	Cell	Work	
	Email: _____						

Emergency Contacts: Allowed to pick up student from school

	Name	Relationship	Phone
3			
4			
5			
6			

Other Children Living in Household

Childs Legal Name (Last, First, Middle)	Gender	Birthdate	School	Grade

The Federal Family Education Rights and Privacy Act of 1974 permits the school district to release certain information known as "directory information". If you do not wish us to release "directory information" and/or have your child appear in a photograph, videotape, film or slide, please let your school know IN WRITING within two weeks of receiving this notice. Otherwise it is not necessary to take any action. If you have any questions on this notification, please call the Pendleton School District at (541)276-6711.

Parent/Guardian Signature _____ Relationship _____ Date _____

OFFICIAL USE ONLY:	Enrollment Code: _____	Enrollment Date: _____	Records Req: _____	Records Revd: _____
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