

**LINCOLNVIEW LOCAL SCHOOLS  
STUDENT REGISTRATION INFORMATION**

NAME \_\_\_\_\_ CALLED NAME \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS \_\_\_\_\_  
(P.O. Box and Street Address) (City) (State) (Zip Code)

STUDENT CELL PHONE \_\_\_\_\_ STUDENT EMAIL \_\_\_\_\_

SEX (Male) \_\_\_\_ (Female) \_\_\_\_ IS STUDENT OF HISPANIC/LATINO HERITAGE? YES \_\_\_\_ NO \_\_\_\_

ETHNIC ORIGIN (RACE): WHITE \_\_\_\_ AFRICAN AMERICAN \_\_\_\_ HISPANIC/LATINO \_\_\_\_ ASIAN \_\_\_\_  
AMERICAN INDIAN \_\_\_\_ PACIFIC ISLAND \_\_\_\_ MULTI RACIAL \_\_\_\_

DO YOU LIVE IN THE LINCOLNVIEW DISTRICT? Y N / IF NO-District of Residence \_\_\_\_\_

PRE-SCHOOL OR PRIOR SCHOOL ATTENDED \_\_\_\_\_ NUMBER OF YEARS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

MOTHER'S MAIDEN NAME \_\_\_\_\_ DATE OF ENTRANCE \_\_\_\_\_ GRADE LEVEL \_\_\_\_\_

**PARENT INFORMATION:** (FATHER) (MOTHER) (GUARDIAN)

Name \_\_\_\_\_

Street & PO \_\_\_\_\_

City, state, zip \_\_\_\_\_

Telephone \_\_\_\_\_

Occupation \_\_\_\_\_

**IF PARENTS DO NOT LIVE TOGETHER, PLEASE CHECK:**

Never Married \_\_\_\_ Parents Separated \_\_\_\_ Parents Divorced \_\_\_\_ Father Deceased \_\_\_\_ Mother Deceased \_\_\_\_

**NAMES AND DATES OF BIRTH OF BROTHERS AND SISTERS:**

\_\_\_\_\_

IS STUDENT ENROLLED IN ANY SPECIAL EDUCATION OR TUTORIAL PROGRAMS? \_\_\_\_\_

DOES YOUR CHILD HAVE ANY PHYSICAL OR HEALTH CONDITIONS THAT WE SHOULD KNOW ABOUT?

\_\_\_\_\_

Is there any guardianship or legalized documentation of custody?

Past \_\_\_\_ Present \_\_\_\_ Pending \_\_\_\_

Parent or guardian's signature: \_\_\_\_\_ Date \_\_\_\_\_