

Richmond Consolidated School - Registration Form 20____-20____

Student's Name _____ Date _____
Last Middle First

DOB _____ Birth Place _____ Sex _____ Grade Level _____
Mo/Day/Yr City/Town State

Primary Language _____ Language Used at Home _____

Residential Address _____
Street Town/State Zip Code

Mailing Address _____
Street/PO Box # Town/State Zip Code

E-Mail Address _____

Mother's Name _____ Home Phone# _____

Mother's Employer _____ Work # _____ Cell# _____

Father's Name _____ Home Phone # _____

Father's Employer _____ Work# _____ Cell# _____

Resides with: Both Parents _____ Mother _____ Father _____ *Guardian/Other* _____
Please Explain _____

Siblings:

Name _____ Date of Birth _____ Attending School _____

Name _____ Date of Birth _____ Attending School _____

Name _____ Date of Birth _____ Attending School _____

Name _____ Date of Birth _____ Attending School _____

Name of Previous School _____

Address _____
Street/PO Box City/Town State Zip Code

Was your child receiving remedial services (i.e. Special Needs-IEP, 504 plan) in his/her previous school?

All registrations need the following: (included)
Immunization Records Received Upon Registration Yes _____
Birth Certificate Received Upon Registration Yes _____
Proof of Residence Received Upon Registration Yes _____