

Waverly City Schools Registration Form

Bus # _____

Teacher _____

Student's **Legal** Name _____ Grade _____

Student Address _____ Phone No. _____

Date of Birth _____ S.S.# _____ Eye Color _____ Male _____ Female _____

Place of Birth (include zip code) _____ No. Brothers _____ No. Sisters _____

Authority for Birth Date _____ Ethnicity _____ Native Language _____

Immunization Dates: Polio _____

MMR _____ DPT _____

Father's Name _____ Phone _____ Work Phone _____

Father's Address _____

Father's Occupation _____ Place of Employment _____

Mother's Name _____ (**Maiden Name**) _____ Phone _____

Mother's Address _____

Mother's Occupation _____ Place of Employment _____ Work Phone _____

School Residence: County _____ Township _____ School District _____

Guardian's Name (If any) _____ Phone No. _____

Guardian's Address _____

Guardian's Occupation _____ Place of Employment _____

School Last Attended _____

Address of School _____

Was student ever suspended or expelled? _____ **If so, when?** _____

Was student in any special programs at this school? If so, what?

Speech _____ Reading _____ L.D. _____ D.H. _____ Other _____

Is there anything special we need to know about this child? _____

In case of emergency, name of relative or neighbor to be contacted in the event you cannot be reached.

Name _____ Phone _____

Address _____

Date _____ Name of Person Giving Information _____