

Student Registration
Sparta Township Public Schools

SCHOOL: _____ **DATE OF REGISTRATION:** _____ **ENTRANCE GRADE:** _____

Students Legal Name: (First, Last, Middle) _____ Nick Name _____ M / F
Gender _____ Date of Birth (m/d/yy) _____

Ethnic Code: (please circle one)

W – White B – Black A – Asian H – Hispanic I – American Indian/Alaskan P – Hawaiian Native/Other Pacific Island

Place of Birth: _____ **Current Age:** _____

(If born outside the U.S. / entry date into the U.S.) _____

Last School Attended: _____
Name _____ City _____ State/Zip _____ Date Left _____

Home Address: _____
Street _____ City _____ State _____ Zip/Code _____

Mailing Address: _____
(if different than above) Street _____ City _____ State _____ Zip/Code _____

Parents/Guardian #1

Name _____ Address _____ Relationship to Student _____

Home Telephone _____ Cell Telephone _____ Work Telephone _____ Email Address _____

Parents/Guardian # 2

Name _____ Address _____ Relationship to Student _____

Home Telephone _____ Cell Telephone _____ Work Telephone _____ Email Address _____

Child Resides With: _____ **Please check if custodial papers are attached/been sent:** _____

Emergency Contact:

Name _____ Address _____ Relationship to Student _____

Home Telephone _____ Cell Telephone _____ Work Telephone _____ Email Address _____

Home Language: _____ **Student ID#** _____

Signature of Parent/Guardian