

**ELOY ELEMENTARY SCHOOLS
CURIEL SCHOOL
STUDENT REGISTRATION**

Official Use Only:

Entering Date: _____ **Code:** _____ **Grade:** _____ **Walk:** _____ **Bus:** _____ **Bus Name** _____
Teacher: _____ **Room #** _____

Student's Name _____ Male _____ Female _____

Address _____ Home Phone _____

Mailing Address: _____ City & Zip Code _____

Birthdate _____ Place of Birth _____

Father's Name _____ Employed at _____

Phone # _____ Cell # _____

Mother's Name _____ Employed at _____

Phone# _____ Cell # _____

Child Resides With - Both Parents _____ Mother Only _____ Father Only _____

Other _____ if not residing with parents, whom does child reside with?

Name _____ Relationship _____

Email Address: _____

Is the student Hispanic or Latino? Yes No What is the student's race? African American
 American Indian Asian Pacific Islander White

1. What is the primary language use in the home regardless of the language spoken by the student? _____

2. What is the language most often spoken by the student? _____

3. What is the language that the student first acquired? _____

Please indicate where child attended school prior to transfer _____

Can child participate in all physical activities? Yes _____ No _____

If answer is no, please explain. _____

Please list the child's brothers, sisters and their ages.

Brothers

Ages

Sisters

Ages

Emergency Contacts:

Name _____ Phone #'s _____ Relationship _____

Name _____ Phone #'s _____ Relationship _____

Name _____ Phone #'s _____ Relationship _____

Doctors Name & Phone # _____

Dentists Name & Phone # _____

I GIVE MY PERMISSION FOR MY CHILD TO RECEIVE EMERGENCY MEDICAL TREATMENT, OR FIRST AIDE, BY A PHYSICIAN, OR THE SCHOOL NURSE, IF SUCH TREATMENT BECOMES NECESSARY.

Parent's Signature

Date