

Lucas Local School District Registration Form

STUDENT INFORMATION

LAST NAME _____ FIRST _____ MIDDLE _____

CALLED NAME _____ GENDER _____ BIRTHDATE _____

SS NUMBER _____ BIRTHPLACE _____ GRADE LEVEL _____

NAME OF PREVIOUS SCHOOL _____

ADDRESS OF PREVIOUS SCHOOL _____

DATE OF WITHDRAWL FROM PREVIOUS SCHOOL _____ DATE ENTERED LUCAS SCHOOL _____

PARENT INFORMATION

GUARDIAN/MOTHER'S COMPLETE NAME _____

MOTHER'S MAIDEN NAME _____

GUARDIAN/MOTHER'S PLACE OF EMPLOYMENT _____

GUARDIAN/FATHERS COMPLETE NAME _____

GUARDIAN/FATHER'S PLACE OF EMPLOYMENT _____

HOME INFORMATION

ADDRESS _____ CITY/ZIP _____

HOME PHONE _____ CELL PHONE _____ Do you want your home phone # no yes to be directory information?

EMAIL _____ COUNTY OF RESIDENCE

IEP OR 504 PLAN YES NO SPECIAL MEDICAL NEEDS YES NO

GIFTED IDENTIFICATION YES NO

TO BE COMPLETED BY THE SCHOOL

BIRTH CERT. VERIFIED? YES NO LEGAL GUARDIAN VERIFIED YES NO

SPECIAL NOTES CONCERNING RESIDENCY OR CUSTODY _____

ENROLLMENT CONDITIONS OR RESTRICTIONS _____

SPECIFIC DIRECTIONS TO THE RESIDENCE (draw map on back)

BUS # _____

WALKER _____