

Union City Area School District Registration Form

Student Demographic Information:

Student ID: _____

Date of Registration/District Entry: _____ Grade Going Into: _____

Student's Full Name: _____

Full Address: _____

Home Phone Number: _____ Date of Birth: _____ Place of Birth: _____

Gender: ☐ MALE ☐ FEMALE Ethnicity: Is the student Hispanic or Latino? ☐ NO ☐ YES

Race: ☐ White ☐ African American ☐ American Indian/Alaskan Native ☐ Native Hawaiian/Pacific Islander ☐ Asian

Family Doctor: _____ Phone Number: _____

Academic Information:

Does the student have a current IEP: ☐ NO ☐ YES If yes, circle one: Learning Support / Life Skill / Speech

Is student on a 504 Plan: ☐ NO ☐ YES

Is student enrolled in a gifted program: ☐ NO ☐ YES

Last School Attended: _____ Last Grade Completed: _____

Has the student repeated a grade or failed courses: ☐ NO ☐ YES

If yes, what grade or courses: _____

Has the student been suspended or expelled: ☐ NO ☐ YES

If yes, what is the reason and date: _____

Parent/Guardian Information:

Student lives with: _____ MOTHER _____ FATHER _____ OTHER

Is there a court order or custody agreement: ☐ NO ☐ YES

Name of Father: _____ Date of Birth: _____

Employer & Occupation: _____ Work Number: _____

Cell Phone Number: _____ Email Address: _____

Name of Mother: _____ Date of Birth: _____

Employer & Occupation: _____ Work Number: _____

Cell Phone Number: _____ Email Address: _____

Guardian/Custodial Parent: _____ Date of Birth: _____

Employer & Occupation: _____ Work Number: _____

Cell Phone Number: _____ Email Address: _____

Other Residents (list all occupants residing at residence):

Full Name	Date of Birth	Gender	Relationship	School Attending	Grade
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Emergency Contact Information:

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Relationship to Student: _____

Phone Number: _____

Relationship to Student: _____

Phone Number: _____

Relationship to Student: _____

Phone Number: _____