# Milford Public Schools
## Student Registration Form

Student Data:                                                                                       Today's date: _____

Name_____ Female_____ Male_____
       (First)                    (Middle)              (Last)

Physical Address _____ Student's Cell #_____
                          (Street)                    (City)                (Zip)

Mailing Address _____ Home Phone _____
                          (POBox)                    (City)

Date Of Birth _____                SSN _____-_____-_____

Is This Student Hispanic/Latino? (Choose Only One)
                 _____ No, Not Hispanic/Latino
                 _____ Yes, Hispanic/Latino (A Person Of Cuban, Mexican, Puerto Rican, South Or Central American, Or Other Spanish Culture Or Origin, Regardless Of Race.)

What Is This Student's Race? (Must Choose One Or More)
                 _____ American Indian Or Alaska Native (A Person Having Origins In Any Of The Original Peoples Of North And South America (Including Central America), And Who Maintains Tribal Affiliation Or Community Attachment)

                 _____ Asian (A Person Having Origins In Any Of The Original Peoples Of The Far East, Southeast Asia, Or The Indian Subcontinent Including, Or Example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand, And Vietnam)

                 _____ Black Or African American (A Person Having Origins In Any Of The Black Racial Groups Of Africa)

                 _____ Native Hawaiian Or Other Pacific Islander (A Person Having Origins In Any Of The Original Peoples Of Hawaii, Guam, Samoa, Or Other Pacific Islands)

                 _____ White (A Person Having Origins In Any Of The Original Peoples Of Europe, The Middle East, Or North Africa)

What Language Did The Student First Learn To Speak? _____
What Language Is Spoken Most Often By The Student? _____
What Language Is Primarily Used In The Student's Home Regardless Of The Language Spoken By The Student?
_____

Previous School Attended _____
                 Address_____
                 Grade Last Year_____ Grade This Year _____

Does The Student Receive:        Speech Services          Yes _____ No _____
                                 Special Education Services      Yes _____ No _____
                                 Title I/Chapter Services  Yes _____ No _____
Student Health Data:
Allergies        Yes _____ No _____ If Yes, List: _____
Asthma Yes _____ No _____ If Yes, Please Explain: _____
Diabetes        Yes _____ No _____ If Yes, Please Explain: _____
Medications Taken On A Regular Basis (Prescription Or Over-the-counter): _____
_____ _____
Other Health Factors: _____
Family Physician _____
                          (Name)                          (Location)                     (Phone)

Family Data:

Father: _____ Natural _____ Step_____
                  (First)              (Middle)          (Last)

_____
        (Occupation)         (Place Of Employment)       (Work Phone)

_____
        (Father Cell Phone)        (Father Email)

Mother: _____ Natural _____ Step _____
                  (First)              (Middle)          (Last)

_____
        (Occupation)         (Place Of Employment)       (Work Phone)

_____
        (Mother Cell Phone)        (Mother Email)

Guardian: _____ Temporary_____ Legal_____
                  (First)              (Middle)          (Last)

Address: _____
        (Street)         (PO Box)      (City)        (Zip Code)     (Home Phone)

_____
        (Occupation)         (Place Of Employment)       (Work Phone/Cell Phone)

_____(
Guardian Email)

Is Student's Parent/Guardian In Armed Forces On Active Duty, Or Full-time National Guard Duty?  Yes ____  No ____

Other:          Father Deceased _____        Mother Deceased _____
                Parents Divorced _____        Parents Separated _____

Special Instructions For The School To Follow For Separation/Divorce Situation

_____

_____

Emergency Contact Information: (Parents Are Always Notified First. Please Do Not List Your Name Here. Use Local Residents Such As Neighbor, Grandparent, Friend. (Local Numbers Only.)

_____
    (Name: First And Last)        (Relation)        (Home Phone/Cell Phone/Work Phone)

_____
    (Name: First And Last)        (Relation)        (Home Phone/Cell Phone/Work Phone)

              Brothers                                    Sisters

_____    _____
    (Name)              (Date Of Birth)     (Name)             (Date Of Birth)

_____    _____

_____    _____

_____    _____