

Office Use Only: AM Bus # _____ PM Bus # _____ Lunch Status _____ Amt Paid _____ Teacher _____

Meridian CUSD#15 -- Registration Information

STUDENT INFORMATION:

Last School Attended (if not Meridian) _____ Grade This Year: _____
First Name: _____ Middle Name: _____ Last Name: _____
Gender: ☐ F ☐ M Birthdate: _____ Birthplace: _____
Race (Check All that Apply): ☐ White ☐ American Indian ☐ Asian/Pacific ☐ Black/African ☐ Hispanic
Address: _____ City: _____ Zip: _____ County: _____
Mailing Address: _____ City: _____ Zip: _____
Home Phone#: _____ Automated School Emergency Contact #1: _____
Automated School Emergency Contact #2: _____

FAMILY INFORMATION:

Parent serves in the Armed Forces _____ (Optional)

Student Lives With (Please Check)

Name: _____ Email Address: _____

☐ Father ☐ Mother ☐ Other Relationship: _____

Employer: _____ Work Phone# _____ Cell Phone# _____

Name: _____ Email Address: _____

☐ Father ☐ Mother ☐ Other Relationship: _____

Employer: _____ Work Phone# _____ Cell Phone# _____

ALTERNATE FAMILY INFORMATION:

Name: _____ Email Address: _____

☐ Father ☐ Mother ☐ Other Relationship: _____

Address: _____ City: _____ Zip: _____

Employer: _____ Work Phone# _____ Cell Phone# _____

EMERGENCY CONTACT INFORMATION (Other than the above contacts):

Name: _____ Relationship: _____ Phone# _____

Name: _____ Relationship: _____ Phone# _____

SERVICES OFFERED:

IEP (Y or N) _____ 504 (Y or N) _____ Speech (Y or N) _____ Title Services (Y or N) _____

I certify all the above information is correct.

Parent/Guardian Signature

Relationship

Date