Student Registration Sparta Township Public Schools

SCHOOL:		DATE OF REGISTRATION:				ENTRANCE GRADE:		
Chudanta Land	Nama	/First Last	NA: - - -		Niek Neme	M/F	Date of Birth (m/d/m	
Students Legal			wiidale)		Nick Name	Gender	Date of Birth (m/d/yy	
Ethnic Code: (pl			U Uienenie		iaan Indian/Alaakan	D. Hawaiian N	ativa (Othar Basifia Jaland	
W – White B – I	Black	A – Asian	H – Hispanic	I – Amer	rican Indian/Alaskan	P – Hawaiian Na	ative/Other Pacific Island	
Place of Birth: _					Current Age:			
(If born outside	the U.S	S. / entry dat	e into the U.S.)					
Last School Atte	ended:							
		Name			City	State/Z	ip Date Left	
Home Address:	Street			City		State	Zip/Code	
Mailing Address	3 :							
(if different than abo		Street			City	State	Zip/Code	
Parents/Guardia	an #1							
Name	Address					Relationship to Student		
Home Telephon	e	Cell Te	elephone		Work Telephone	Email Ac	ddress	
Parents/Guardia	an # 2							
Name			Address			Relationsh	ip to Student	
Home Telephon	e	Cell Te	elephone		Work Telephone	Email Ac	ddress	
Child Resides V	Vith:		Ple	ase checl	c if custodial paper	rs are attached	d/been sent:	
Emergency Con	<u>ıtact:</u>							
Name			Address			Relationsh	nip to Student	
Home Telephon	e	Cell Te	elephone		Work Telephone	Email Ac	ddress	
Home Language:					Student ID#			
Signature of Pa	rent/Gı	uardian						