

**SANDOVAL ELEMENTARY SCHOOL
REGISTRATION FORM**

Date: ____/____/____

Student's Last Name: _____ First: _____ Middle: _____

Social Security Number: ____/____/____ Date of Birth: ____/____/____ Gender: M F

Street Address: _____ P.O. Box: _____

City: _____ State: IL Zip: _____

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

Email Address: _____

Student Lives with: ____ Parents ____ Mother ____ Father ____ Guardian ____ Other (Please list) _____

Grade: _____ Rides Bus? Y N Bus Driver: _____ (If known)

Mother's Maiden Name: _____ Child's Birthplace: _____
(City, State)

Guardian or Father's Name: _____ Guardian or Mother's Name: _____

Address: _____ Address: _____

Place of Employment: _____ Place of Employment: _____

Business Ph: (____) ____ - ____ Business Ph: (____) ____ - ____

Cell Ph: (____) ____ - ____ Cell Ph: (____) ____ - ____

Emergency Contacts: (Emergency contacts are only called if parent(s) are not reached or are unavailable)

Name: _____ Relationship: _____ Phone: (____) ____ - ____

Name: _____ Relationship: _____ Phone: (____) ____ - ____

Physician's Name: _____ Phone: (____) ____ - ____