

**TABERNACLE TOWNSHIP SCHOOL DISTRICT
Registration Form**

Name of Child _____
(Last) (First) (Full Middle) (Suffix)

Grade _____ Male Female

(Nickname) _____

Date of Birth _____

Address of Child _____

(City) (State) (Zip)

City/State of Birth _____

Home Telephone # _____

Country of Birth _____

Mother's Name _____
(Last) (First)

Mother's Home Phone _____

Address if different from Child _____

(City) (State) (Zip)

Mother's Work Phone _____

Mother's e-mail address _____

Mother's Cell Phone _____

Mother's Occupation _____ Mother's Employer _____

Father's Name _____
(Last) (First)

Father's Home Phone _____

Address if different from Child _____

(City) (State) (Zip)

Father's Work Phone _____

Father's e-mail address _____

Father's Cell Phone _____

Father's Occupation _____ Father's Employer _____

Guardian's Name _____
(If Other Than Parent) (Last) (First)

Guardian's Home Phone _____

Address if different from Child _____

(City) (State) (Zip)

Guardian's Work Phone _____

Guardian's e-mail address _____

Guardian's Cell Phone _____

Guardian's Occupation _____ Guardian's Employer _____

Parent(s): Married Together Separated Divorced Remarried Single

Deceased: Father _____ Mother _____

Resides with: Father _____ Mother _____ Stepfather _____ Stepmother _____

Other: (explain relationship) _____

Ethnic Background: *(Please check all that apply)* Hispanic White Black
 Asian Amer. Indian/Alaskan Hawaiian Native/Other Pacific Islander

Grade Entering: _____

Name of Previous School/ Preschool	Complete Address (Town, County, State, Country)	Phone Number	Dates Attended

Type of School: Public Private Home School

Are there any persons **not** permitted to pick up your child from school? No Yes (Person's Name _____)
 If yes, please explain: _____

If there is a court order in existence regarding custody, two copies are required.

Other Children in Family

(Oldest to Youngest) NAME	Date Of Birth Month / Day / Year	Place of Birth	Name of School/Grade Attended

What development do you live in? _____

Do you: Own your dwelling Rent your dwelling Other (explain) _____

Is another language besides English spoken in your home? Yes No If yes, what language? _____

Has your child ever received English as a Second Language services (ESL)? Yes No If yes, what grade(s)? _____

Has your child participated in or been recommended for Gifted/Talented Program? Yes No

Has your child ever repeated a grade? Yes No

Is your child currently receiving any specialized school program/related services or does your child have an IEP or 504 Plan?

Yes No If yes, please fill out the following information.

Has your child participated in the following:

Speech Therapy Yes No; Occupational Therapy Yes No; Physical Therapy Yes No

I hereby authorize the Tabernacle Township School District to investigate and confirm any and all statements made by me on this form. I am aware that if any statements contained on this registration form concerning residency are false, I may be assessed the tuition for the aforementioned child and prosecuted to the full extent of the law.

Parent's Name: _____
 (Please print)

Parent's Signature: _____ Date: _____
 (Please sign in ink)

School Use Only:

Birth Certificate Shot Record Physical Proof of Residency

Court Order Regarding Custody: Yes No If yes: Main Office