



# Parental Registration Statement

Student's Name \_\_\_\_\_ ( ) Male ( ) Female  
(last) (first) (middle)

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_

Parent's Email Address \_\_\_\_\_ Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Birth Certificate # (optional) \_\_\_\_\_ Ethnicity \_\_\_\_\_

Mother \_\_\_\_\_  
(last) (first) (middle) Marital Status \_\_\_\_\_

Father \_\_\_\_\_  
(last) (first) (middle) Marital Status \_\_\_\_\_

Student Resides with: \_\_\_\_\_ Mother & Father \_\_\_\_\_ Mother & Stepfather \_\_\_\_\_ Mother Only \_\_\_\_\_ Other  
\_\_\_\_\_ Father Only \_\_\_\_\_ Father & Stepmother \_\_\_\_\_ Legal Guardian (relationship) \_\_\_\_\_

### Parent's Place of Employment:

Mother's \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Business Address & Phone # \_\_\_\_\_

Father's \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Business Address & Phone # \_\_\_\_\_

Number of Brothers: \_\_\_\_\_ Younger \_\_\_\_\_ Older Number of Sisters: \_\_\_\_\_ Younger \_\_\_\_\_ Older

Does the Student live in the Riverview School District? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the student reside in a Foster Home? \_\_\_\_\_ Yes \_\_\_\_\_ No

School District in which you last resided: \_\_\_\_\_

Former School Name and Address: \_\_\_\_\_

Last Grade successfully completed : \_\_\_\_\_ Grade Now entering \_\_\_\_\_

Does your child have an IEP (Individual Education Plan)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child have any problems which would affect h/her participation in any part of the school program? \_\_\_\_\_ Yes \_\_\_\_\_ No If YES please explain on back.

High Risk Medical Condition(s) \_\_\_\_\_ Yes \_\_\_\_\_ No If YES please explain on back.

**I certify that the above information is true and correct.**

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*For Office use Only\*\*\*\*\*

Entrance Date: \_\_\_\_\_ Date Sent for Records: \_\_\_\_\_

## **Racial/Ethnic Categories of Persons**

Racial/Ethnic Categories – Categories used to describe groups to which individuals belong, identity with or belong in the eyes of the community. These categories do not denote scientific definitions of anthropological origins. However, no person may be counted in more than one racial/ethnic category.

AMERICAN INDIAN/ALASKAN NATIVE – A person having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

ASIAN/PACIFIC ISLANDER – A person having origins in any of the original peoples of the Far East, Southeast Asian, the Indian subcontinent or Pacific Islands. This includes people from China, Japan, Korea, the Philippine Islands, Samoa, India and Vietnam.

BLACK (NON-HISPANIC) – A person having origins in any of the black, racial groups of Africa (except those of Hispanic Origin).

HISPANIC – A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

WHITE (NON-HISPANIC) – A person having origins in any of the original peoples of Europe, North Africa or the Middle East – (except those of Hispanic origins).