

COLUMBUS MUNICIPAL SCHOOL DISTRICT

REGISTRATION INFORMATION FORM

STUDENT INFORMATION

Social Security Number			
Student Name	Last:	First:	Middle:
Phone Number			
Street Address			
City, State, Zip Code			
Alternate Student Number	<small>For Office Use Only</small>		
Grade Level			
Homeroom	<small>For Office Use Only</small>		
Original Entry Date	<small>For Office Use Only</small>		Entry Code:
Transfer Student? <small>(circle one)</small>	<small>For Office Use Only</small>	Yes No	Transfer School:
Transfer School Address	<small>For Office Use Only</small>		
Race <small>(circle one)</small>	Asian	Black	Hispanic
	Indian	White	
Gender <small>(circle one)</small>	Male	Female	
Birth Date			
Bus #	<small>For Office Use Only</small>	T Code <small>(circle one)</small>	A D
Birth Certificate Number	<small>For Office Use Only</small>		Verifier:
Birth Place	<small>For Office Use Only</small>		

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name			
Street Address			
City, State, Zip Code			
Phone Number(s)	land line	cell	
Relationship to Student			
Employer			
Employer's Address			
Employer's Phone Number			

EMERGENCY INFORMATION

(At least one (1) emergency contact MUST be given.)

Emergency Contact			
Relationship to Student			
Street Address			
City, State, Zip Code			
Phone Number			
Employer			
Employer's Phone Number			

MEDICAL INFORMATION

Immunization Date	<small>For Office Use Only</small>	Verifier:
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By signing this form you certify that all information given above is true and correct to the best of your knowledge:

Signature of Parent/Guardian: _____ **Date:** _____