

SUNRIDGE MIDDLE SCHOOL REGISTRATION FORM

Last Name (Legal) First Name Middle Name

Last Name (Preferred) First Name Middle Name

Grade:____, Gender: M F X DOB: ____/____/____ Student Phone #____

City/State of Birth _____ Mother's Maiden Name _____

Services or Programs (Check all that may apply):

→Military Connected →Medical or Medication Supports →504 Accommodations →IEP/IFSP/Special Education →English Learner Services →Homeless Youth Services →Behavior Services →Counseling →Migrant →Other:_____

Last School Attended:

Phone _____ Fax _____

Household Information:

Residence Address: _____ City/State _____ Zip Code _____

Mailing Address: if different from residence _____

Home Phone: _____ Email: _____

Are you living with friends or relatives due to financial hardship? ☐ YES ☐ NO

Is this living situation temporary or due to loss of housing or financial hardship? ☐ YES ☐ NO

Parent/Guardian Information and Emergency Contact Information:

	Name	Relation	L/W	Phone			Employer
1			Y N	Home	Cell	Work	
	Email:						
2			Y N	Home	Cell	Work	
	Email:						

Emergency Contacts: Allowed to pick up student from school

	Name	Relationship	Phone
3			
4			
5			
6			

Other Children Living in Household

Childs Legal Name (Last, First, Middle)	Gender	Age	School	Grade

The Federal Family Education Rights and Privacy Act of 1974 permits the school district to release certain information known as "directory information". If you do not wish us to release "directory information" and/or have your child appear in a photograph, videotape, film or slide, please let your school know IN WRITING within two weeks of receiving this notice. Otherwise it is not necessary to take any action.

If you have any questions on this notification, please call the Pendleton School District at (541)276-6711.

Parent/Guardian Signature Relationship Date

Enrollment Code:		Enrollment Date:		Records Req:		Records Rcvd:	
------------------	--	------------------	--	--------------	--	---------------	--

OFFICIAL USE ONLY: