STUDENT REGISTRATION CARD (USE INK PEN ONLY)

MURFREESBORO CITY SCHOOLS SCHOOL YEAR 20 ____-_____

Student: _____ Grade: _____
Last (Full) First Name Middle

Home Address: _____Apt #_____Zip_____

If Apartment, Name of Apartment Complex _____ In City Limits? Y N

Home Phone _____ Birthdate: _____ Student Social Security #_____

Student's Birth Country: _____ Mother's Maiden Name: _____

Student's Birth State: _____ Student's Birth County: _____

(Circle One) Ethnicity: Non-Hispanic Hispanic (Circle One) Sex: M F (Circle All That Apply) Race: White Black Asian American Indian/Alaskan Native Native Hawaiian/Pacific Islander	Bus Rider: Yes No Walker: Yes No Bus Number: AM_____ PM_____ Extended School Program: Yes No AM PM
School Last Attended: _____ Address: _____ State:_____ Zip:_____ Fax number: _____	Custody: (Circle One) Mother and Father Mother and Stepfather Father and Stepmother Father Only Mother Only Joint Custody Foster Care Other: _____ Complete if applicable: Guardian's Name _____ Guardian's E-mail _____
Mother's Name:_____ Address (if different from student) _____ _____ Place of Work:_____ Work Phone: _____ Cell Phone: _____ Parent e-mail: _____ Can pick up student: Y N	Father's Name:_____ Address (if different from student) _____ _____ Place of Work:_____ Work Phone: _____ Cell Phone: _____ Parent e-mail: _____ Can pick up student: Y N
Step Parent: _____ Work / Cell Numbers: _____ Can pick up student: Y N	Please list (if any) brothers/sisters attending this school or brothers/sisters preschool ages (3-5): Name:_____ grade/age_____ Name: _____ grade/age_____ Name: _____grade/age _____

In case of Illness or Injury, and parents cannot be reached call:

Name: _____ Phone Number: _____

Special Health Problems: _____

List all additional persons to Whom this Student **MAY** be Released:

_____

List anyone to whom this student **MAY NOT** be released: (*Legal Documentation Required*)

_____

Free Textbook Agreement: I will be responsible for all free textbooks/library books used by my child and will reimburse the Murfreesboro City Board of Education for the value of any book(s) damaged, destroyed, or misplaced by my child. Initials: _____

Blanket Permission: I agree that my child's picture/name may be used in the newspaper/other media in conjunction with programs or activities related to my child's school.

It is the responsibility of parents/guardian to update any information provided above.

Parent/Guardian Signature: _____ Date of Enrollment: _____

FOR OFFICE USE ONLY:

2017-2018 Zoned School:_____

Address Verification: Source Document_____ By:_____ County App Number _____

Custody Papers on File if applicable: _____ Teacher assignment: _____