

# SWALLOW SCHOOL REGISTRATION FORM

\_\_\_\_\_ **Grade for 200** \_\_\_\_\_ **School Year** **Today's Date** \_\_\_\_\_

*Actual Starting Date* \_\_\_\_\_

Student's Full Name \_\_\_\_\_  
Last First Middle

Student's Home Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_

Race (please "x" one):  Caucasian  Asian/Pacific Islander  
 Hispanic  American Indian/Alaskan Native  
 Black

Previous Address \_\_\_\_\_

Name of Previous School \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

Address/City/St/Zip \_\_\_\_\_ Phone/Fax \_\_\_\_\_

**PRIMARY LEGAL GUARDIAN(S) – with whom the child PRIMARILY lives**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Spouse's Last Name \_\_\_\_\_ First \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Employer \_\_\_\_\_

Home Ph \_\_\_\_\_ Work Ph \_\_\_\_\_

Employer \_\_\_\_\_ Cell Ph \_\_\_\_\_

Work Ph \_\_\_\_\_ / Cell Ph \_\_\_\_\_

**OTHER LEGAL GUARDIAN(S) – only with whom the child also lives**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Spouse's Last Name \_\_\_\_\_ First \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Employer \_\_\_\_\_

Home Ph \_\_\_\_\_ Work Ph \_\_\_\_\_

Employer \_\_\_\_\_ Cell Ph \_\_\_\_\_

Work Ph \_\_\_\_\_ / Cell Ph \_\_\_\_\_

**For Office Use Only:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>Bus Company</b>      | <input type="checkbox"/> <b>Class List</b>                | <input type="checkbox"/> <b>Records Requested</b>  |
| <input type="checkbox"/> <b>School Directory</b> | <input type="checkbox"/> <b>Lunch Program</b>             | <input type="checkbox"/> <b>Records Received</b>   |
| <input type="checkbox"/> <b>SASI System</b>      | <input type="checkbox"/> <b>LMC</b>                       | <input type="checkbox"/> <b>Guidance Counselor</b> |
| <input type="checkbox"/> <b>Resident</b>         | <input type="checkbox"/> <b>Open Enrollment</b>           | <input type="checkbox"/> <b>Tuition Waiver</b>     |
|  | <input type="checkbox"/> <b>Tuition (building/moving)</b> |  |
|  | <b>Date in home</b> _____                                 |  |