

**SAIPAN COMMUNITY SCHOOL
REGISTRATION FORM**

Student Name: _____ Sex _____
Last Name First Name MI M or F

School Year _____ Grade _____ Date of Registration _____

Check one: Returning Student _____ New Registration _____ Last School Attended _____

Birthdate _____ Birthplace _____ Citizen _____ SS# _____
mm/ dd/ yy Country or Island Country

Ethnicity _____
Race _____

List languages spoken with most proficient first:

1. _____ 2. _____ 3. _____

Father _____
Last Name First Name MI Work Place Bus. Phone #

Mother _____
Last Name First Name MI Work Place Bus. Phone #

Father's Address _____
Mailing Address Village Phone # Cell Phone #

Mother's Address _____
Mailing Address Village Phone # Cell Phone #

Check One: Student Living with Both Parents _____ Father Only _____ Mother Only _____
Father / Stepmother _____ Mother / Stepfather _____ Guardian _____

Ethnic Background: Father _____ Mother _____

Circle Grade Level Of Other Children Attending SCS: K 1 2 3 4 5 6 7 8

MEDICAL INFORMATION

Emergency/Medical History: Enter the name of person (other than yourself) who has agreed to care for and provide transportation for your child if he/she becomes ill or injured and and you cannot be reached.

Emergency Contact Name Relationship to Student Phone #

Does your child have any health problems: _____ Yes _____ No If yes, please list _____

Is your child on any special medication: _____ Yes _____ No If yes, please list _____

Location of Medical Records _____ Hosp. # _____ Health Ins. # _____

I hereby authorize and give my consent to SCS to obtain emergency medical treatment. I also authorize medical authorities to perform upon or administer necessary medical or surgical treatment to the above named student.

Signature of Parent/Guardian _____ Date _____

Official Use Only: Required documents checklist and information

Reg. Fee _____ Book Fee _____ Supply Fee _____ 1st Mo. Tuition _____ Birth Cert./Passport _____ Trans. _____