WELLS-OGUNQUIT C.S.D. ELEMENTARY SCHOOL STUDENT REGISTRATION

Child's Name			
Las		First	Middle
Gender MorF (circle one)		
Home Telephone_			
Mailing Address_			
Street Address			
Date of Birth		Place of Birth	
Office use only: C	ertified from	birth records on_	by
Mother or Stepme	other (Circle Or	e) Name	
Home Telephone_		Email Addres	SS
Mailing Address_			
Street Address			
Business Name &	Tel. No		
Business Address	& Occupation	on	
Father or Stepfat	her (Circle One)	Name	
			SS
Street Address			
Business Name &	Tel. No.		
Business Address	& Occupation	on	
	•		
Has your child at		•	
How often did you	r child attend	1?	
For those studen	ts already a	ttending school:	
School transferred	. .		
School Address_	-		
Office Use: Date Entered	Teach	ner Assigned	Grade
Bus Number		ds sent for	Grade Received

nold		Age	Relationship to Child
oncerns at	oout your		the following areas? EASE EXPLAIN
	YES	YES NO	oncerns about your child in YES NO PLE