

# Student Registration Form

For School Use Only

Troy School District

**Please Print All Information On Both Sides of this Form**

Student Number	
Year of Grad	Entry Date

Troy School	Has Student ever attended a Troy School District school? <input type="radio"/> No <input type="radio"/> Yes Last Year Attended	Has student ever been expelled from another school district? <input type="radio"/> No <input type="radio"/> Yes
Student First (Legal) Name	Middle Name	Last Name (Include Jr., II, III, etc.)
Gender <input type="radio"/> Male <input type="radio"/> Female	Birthdate (Mo/Day/Year)	City of Birth
State/Country of Birth		Grade
Ethnicity (choose all that apply) <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino? <input type="checkbox"/> White (including Middle Eastern) <input type="checkbox"/> Asian (including China, India) <input type="checkbox"/> Native Hawaiian or Pacific Islander	Troy School District Resident <input type="radio"/> Yes <input type="radio"/> No District of Residence County of Residence	

Physical Address				Mailing Address (if different than physical address)			
Apt Number	Lot (House No.)	Street		Apt. Number	Lot (House No.)	Street	
City			Zip	PO Box	City		State Zip
Home/Primary Phone Number				<input type="radio"/> Listed <input type="radio"/> Unlisted			

**Parent/Guardian 1 (with whom the student resides)**

First Name	Last Name	Relationship to Student	
Email Address	Work Phone	Extension	Cell Phone

**Parent/Guardian 2 (other parent in the household or custodial parent living at another address)**

First Name	Last Name	Relationship to Student	
Email Address	Work Phone	Extension	Cell Phone
Same Address as Student? <input type="radio"/> No <input type="radio"/> Yes <small>If No, enter address to right</small>	Apt. Number	Lot (House No.)	Street
City		State	Zip

**Non-Custodial Guardian**

First Name	Last Name	Relationship to Student	
Email Address	Work Phone	Extension	Cell Phone
Same Address as Student? <input type="radio"/> No <input type="radio"/> Yes <small>If No, enter address to right</small>	Apt. Number	Lot (House No.)	Street
City		State	Zip

**Previous School**

Name of Last School Attended	City	State	Country
Incoming Kindergartner: Preschool Attended <input type="radio"/> None <input type="radio"/> Troy School District Preschool <input type="radio"/> Other PreSchool	Preschool Name, City, State		

