

LARKSPUR SCHOOL DISTRICT REGISTRATION FORM

Date: _____

School: _____

Grade: _____

Teacher Assigned: _____

Student's Name (Last, First, Middle)

Address (Number, Street, City, State, Zip Code)

Telephone Number	Date of Birth	Place of Birth	Sex
Father's (or Legal Guardian's) Full Name		Email address	Cell phone number
Home Address (if different from student)			Telephone number
Father's Employer	Business Address		Telephone number
Mother's (or Legal Guardian's) Full Name		Email address	Cell phone number
Home Address (if different from student)			Telephone number
Mother's Employer	Business Address		Telephone number

Other Children Living at Home:

Name	Relationship to Student	Date of Birth	Current Attending Larkspur School District?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Adults other than parent's living in student's home:

Name: _____ Relationship to Student: _____

Last School Attended	Address	Date Left
----------------------	---------	-----------

In your child's last school was he/she enrolled in special education? _____
 If so, please state type of program (i.e., Speech, Resource Specialist Program, etc.) _____

Signature of Parent or Guardian: _____

For Office Use Only:

Date of Enrollment _____	Unconditional Admission (Immunizations on File) _____
Legal Evidence of Age (Kdgn & 1 st Grade Only):	Conditional Admission (Immunizations Pending) _____
Birth Certificate _____	Records: Requested _____ Received _____
Baptism Certificate _____	Sent to _____
Affidavit _____	Date _____
Other _____	Home Language Survey _____