

**LINCOLNVIEW LOCAL SCHOOLS  
STUDENT REGISTRATION INFORMATION**

**NAME** \_\_\_\_\_ **CALLED NAME** \_\_\_\_\_  
(Last) (First) (Middle)

**ADDRESS** \_\_\_\_\_  
(P.O. Box and Street Address) (City) (State) (Zip Code)

**TELEPHONE** \_\_\_\_\_ **SEX** (Male) \_\_\_\_ (Female) \_\_\_\_

**DO YOU LIVE IN THE LINCOLNVIEW DISTRICT?** Y N / **IF NO-District of Residence** \_\_\_\_\_

**PRE-SCHOOL OR PRIOR SCHOOL ATTENDED** \_\_\_\_\_ **NUMBER OF YEARS** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **PLACE OF BIRTH** \_\_\_\_\_ **SOC. SEC. #** \_\_\_\_\_

**MOTHER'S MAIDEN NAME** \_\_\_\_\_ **DATE OF ENTRANCE** \_\_\_\_\_ **GRADE LEVEL** \_\_\_\_\_

**PARENT INFORMATION:** (FATHER) (MOTHER) (GUARDIAN)

Name \_\_\_\_\_

Street & PO \_\_\_\_\_

City, state, zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email address \_\_\_\_\_

**IF PARENTS DO NOT LIVE TOGETHER, PLEASE CHECK:**

Never Married \_\_\_\_\_ Parents Separated \_\_\_\_\_ Parents Divorced \_\_\_\_\_ Father Deceased \_\_\_\_\_ Mother Deceased \_\_\_\_\_

**NAMES AND DATES OF BIRTH OF BROTHERS AND SISTERS:**

\_\_\_\_\_

\_\_\_\_\_

**IS STUDENT ENROLLED IN ANY SPECIAL EDUCATION OR TUTORIAL PROGRAMS?** \_\_\_\_\_

\_\_\_\_\_

**DOES YOUR CHILD HAVE ANY PHYSICAL OR HEALTH CONDITIONS THAT WE SHOULD KNOW ABOUT?**

\_\_\_\_\_

**Is there any guardianship or legalized documentation of custody?**

Past \_\_\_\_\_ Present \_\_\_\_\_ Pending \_\_\_\_\_ None \_\_\_\_\_

**Parent or guardian's signature:** \_\_\_\_\_ **Date** \_\_\_\_\_