REGISTRATION INFORMATION 2020-2021 PRINCETON COMMUNITY PRIMARY SCHOOL (NORTH & SOUTH)

STUDENT NAME (last, first, middle)		
Student preferred name		
Address		
City, State, Zip	Phone	
Sex (M/F)Birth Date	Age	
Are you interested in information for NGSC Befo	ore/After School Childcare?	
MOTHER'S NAME	STEPMOTHER NAME	
Mother's Employer	Stepmother's Employer	
Mother's Work Phone	Stepmother's Work Phone	
Mother's Cell Phone	Stepmother's Cell Phone	
FATHER'S NAME	STEPFATHER'S NAME	
Father's Employer	Stepfather's Employer	
Father's Work Phone	Stepfather's Work Phone	
Father's Cell Phone	Stepfather's Cell Phone	
Guardian Email:		
NONCUSTODIAL RESTRICTIONS		
OTHER THAN PARENT: EMERGENCY CONTACT #1	EMERGENCY CONTACT #2	
Emergency phone	Emergency phone	
Relationship to student	Relationship to student	
Physician Name	Physician Phone Number	
Is there any important health information, physical limitat	ions, medications or allergies that the school	nurse or teacher should know?
Ethnic Code (see codes below)	_Student Lives With (see codes belo	w)
FOR EMERGENCIES: I AUTHORIZE THE SCHOOL ADMINISTR. OF AN EMERGENCY	ATION TO TAKE ACTION AS NECESSARY IN CAS	E
Parent/Guardian Signature	Date	
NAME/ADDRESS OF PREVIOUS SCHOOL (Pre-School)	Ethnic Code: Put all that apply 01 American Indian/Alaskan 02 Black/Non-Hispanic 03 Asian/Pacific 04 Spanish/Hispanic Origin 05 White (Non-Hispanic)	Student Lives With Codes: MF mother and father F father only M mother only FS father and stepmother MS mother and stepfather GP grandparents FP foster parents
IEP (Individualized Education Plan)?	O other Speech (Currently taking)?	