

**TRI COUNTY MIDDLE SCHOOL
REGISTRATION FORM**

DATE: _____

FULL NAME OF STUDENT: _____

COUNTY: _____ TOWNSHIP: _____

STUDENT'S BIRTHPLACE: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____
STREET NO. & P.O. BOX CITY ZIP

HOME TELEPHONE NUMBER: _____

SCHOOL LAST ATTENDED: _____

STREET CITY/STATE ZIP

NAME OF FATHER: _____ NAME OF MOTHER: _____

OCCUPATION: _____ OCCUPATION: _____

PLACE OF EMPLOYMENT: _____ PLACE OF EMPLOYMENT: _____

WORKING HOURS: _____ WORKING HOURS: _____

BUSINESS PHONE: _____ BUSINESS PHONE: _____

STUDENT'S LEGAL GUARDIAN: _____

STUDENT RESIDES WITH: _____

Is this student currently placed in Special Education Classes? Please specify by checking one or more of the following:

EI ____ LD ____ EMI ____ SSW ____ Speech ____

Does this student have medical problems, which require special consideration?
Please explain: _____
