

**SOUTH CENTRAL MIDDLE SCHOOL
REGISTRATION FORM**

Full Name of Student: _____ Grade: ____ Sex: ____

Address: _____ City : _____ Phone: _____

Date of Birth: _____ City , County, State of Birth : _____

Social Security #: ____ - ____ - ____

Father: _____

Phone: _____

Cell Phone: _____

Employer: _____

Address: _____

City: _____

E-Mail: _____

Work Phone: _____

Mother: _____

Phone: _____

Cell Phone: _____

Employer: _____

Address: _____

City: _____

E-Mail: _____

Work Phone: _____

Mother's Maiden Name (required by State of Illinois): _____

Please list two people (other than yourself) we can contact in case of emergency & parents aren't available.

Name: _____

Phone(s): _____

Name: _____

Phone(s): _____

If child lives with only one parent, which one? _____

Physician: _____

Phone: _____

Medications: _____

Allergies/Health Problems: _____

Distance from home to school: _____ miles

Signature of Parent/Guardian

Date