

EDDYVILLE SECONDARY SCHOOL

19/20 Registration Form

DBN: _____

Legal Name (L,F M): _____

Preferred Name: _____

Gender: Male Female Non-Binary

Grade Level: _____

Birth Date (DOB): _____

Last 4 numbers of the Social Security Number (SSN) is optional. This information may be used for record keeping but will not be given to the general public. Please see your student handbook for a description on how this information may be used.

Hispanic: Yes No Last 4-SSN: _____

Race: White Native Hawaiian/Pacific Islander
 Asian Black American Indian/Alaskan Native*

Ethnic and race information is optional. However, if you do not answer, the federal government requires school district "observers" to complete the ethnic/race data.

*Tribe: _____ Enrollment#: _____

Language of Origin: _____

Resident District: _____

Migrant: Yes No Migrant ID: _____

Resident School: _____

Birth City/State: _____

Resident County: _____

Birth Country: _____

Last School Attended: _____

Entrance Date - Oregon: _____

School City/State: _____

Entrance Date - United States: _____

Phone/Address Information:

Primary Contact Phone: _____ Type: _____ Unlisted: Yes No

Student Cell Phone: _____ Student Personal Email: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Lives With Contact: _____ Mailings: _____ Lives With Contact: _____ Mailings: _____

Name: _____ Rel: _____ Name: _____ Rel: _____

Language: _____ Language: _____

Phone #1: _____ Type: _____ Phone #1: _____ Type: _____

Phone #2: _____ Type: _____ Phone #2: _____ Type: _____

Email: _____ Email: _____

Physical Address: _____ Physical Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Mail Address: _____ Mail Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Employer: _____ Employer: _____

Gradebook Access: _____ Gradebook Guardian: _____ Gradebook Access: _____ Gradebook Guardian: _____

Legal Name:
Preferred Name:

DBN:
Grade Level:

Non-Lives With Contact: Mailings: _____

Non-Lives With Contact: Mailings: _____

Name: _____ Rel: _____

Name: _____ Rel: _____

Language: _____

Language: _____

Phone #1: _____ Type: _____

Phone #1: _____ Type: _____

Phone #2: _____ Type: _____

Phone #2: _____ Type: _____

Email: _____

Email: _____

Mail Address: _____

Mail Address: _____

City: _____ State: ___ Zip: _____

City: _____ State: ___ Zip: _____

Employer: _____

Employer: _____

Gradebook Access: _____ Gradebook Guardian: _____

Gradebook Access: _____ Gradebook Guardian: _____

Other School Age Children Associated with Student:

Legal Name: _____ DOB: _____ School: _____

Legal Name: _____ DOB: _____ School: _____

Parent/Guardian: _____ Date: _____