## LOUISVILLE MUNICIPAL SCHOOL DISTRICT REGISTRATION FORM

TODAY'S DATE:	DAY'S DATE: SCHOOL NAME		
PREVIOUS SCHOOL NAME/ADDRESS/	PHONE NUMBER /FAX NUMBER	(NEW STUDENTS ONLY)	
STUDENT NAME			
	LAST	FIRST	MIDDLE
GRADE GENDER	RACE	BIRTHDATE	
SOCIAL SECURITY NUMBER		COPY OF CARD PROVIDED YES	NO
911 ADDRESS (MUST PROVIDE TWO	CURRENT PROOFS OF RESIDENCY)		
STREET	СІТУ	STATE	ZIP CODE
		THER ONLYFATHER ONLY RT DOCUMENTATION SHOWING GUARDIA	
MOTHER'S NAME	FATHER'S NAME	GUARDIAN'S NA	WE
HOME NUMBER	HOME NUMBER	HOME NUMBER	
CELL NUMBER	CELL NUMBER	CELL NUMBER _	**
WORKPLACE	WORKPLACE	WORKPLACE	
WORK NUMBER		WORK NUMBER	
EMERGENCY CONTACTS (OTHER THAI	V PARENT OR LEGAL GUARDIAN):		
NAME	RELATIONSHIP	CONTACT NUME	BER
		CONTACT NUME	BER
NAME		CONTACT NUME	BER
HAS YOUR CHILD BEEN EXPELLED FRO	M ANY SCHOOL OR CURRENTLY A	PARTY TO AN EXPULSION PROCEEDING?	YESNO
DOES YOUR CHILD HAVE AN IEP OR R	ECEIVE ANY SPECIAL SERVICES?	YES NO	
SELF-CONTAINED	INCLUSION	SPEECHGIFTED	
DOES YOUR CHILD HAVE ANY HEALTH	PROBLEMS?YESN	O (IF YES, EXPLAIN	
DOES YOUR CHILD HAVE A PHYSICAL	DISABILITY?YESN	O (IF YES, EXPLAIN	
MEDICATION CURRENTLY TAKING:			
TRANSPORTATION TO SCHOOL:		RIDE BUS	RIDE CAR
PARENT/GUARDIAN SIGNATURE		DATE	
		DATE	
REV 06-2018			,