



Entry Date: _____

School: _____

(Circle one)

Has this student attended Van Buren Schools before. Yes No Year: _____
Is this student being expelled or ever been expelled from school? Yes No
If yes, please complete the following: Date: _____ School: _____
Has this student been in special programs? Special Ed, Resource, GT

Previous School: _____
Address/Phone: _____

Van Buren School District Student Registration Form

Name: _____ Social Security Number: _____ - _____ - _____
First Middle Last

Gender: ___ M ___ F Date of Birth: Month: _____ Date: _____ Year: _____ Current Grade: _____
Place of Birth: _____

Ethnicity (Race): ___ Asian/Pacific Islander ___ Hispanic
___ African American ___ Other Home Language: _____
___ American Indian ___ White

Apt. # _____ Complex: _____ House Number: _____ Street: _____
(please use 911 address – not P.O Box)

City: _____ State: _____ Zip: _____ Phone: (479) _____ Listed ___ Unlisted

Home Email Address(es): _____

Parent/Guardian Information

Lives With: _____ Legal Guardian: _____

Parent/Guardian 1: Name: _____ Relationship: _____
Home Language: _____
Mailing Address: _____
Phone Numbers: Home: _____ Cell: _____
Employer: _____ Phone: _____ Ext. _____
Email Address(es): _____

Parent/Guardian 2: Name: _____ Relationship: _____
Home Language: _____
Mailing Address: _____
Phone Numbers: Home: _____ Cell: _____
Employer: _____ Phone: _____ Ext. _____
Email Address(es): _____

Emergency Contact: Name: _____ Phone: _____
Relationship to Student: _____ Doctor: _____ Preferred Hospital: _____
Allergies, Conditions, or Medications the school should know about:

Travel Type: ___ Car ___ Walk ___ Bus Bus to School _____ Bus Home _____

Office Use Only:
___ IMM ___ BC ___ SSN ___ COMP CARD ___ MED. FORMS ___ POLICY FORM ___ BUS FORM
___ HOME LANGUAGE SURVEY ___ AMERICAN INDIAN FORM