

## Registration Form

1. Child's Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Male  Female

2. Address: \_\_\_\_\_  
Address City State Zip Phone

3. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ **Prefer K-AM  K-PM  Either**   
(As of Fall 2018)

4. Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Employer's Phone: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Pupil Lives With: both mother and father  If other, please list \_\_\_\_\_

5. Brothers/Sisters attending TECS currently or in the future (oldest to youngest):

Name (First and Last)	DOB	Male/Female	GRADE AS OF FALL 2018
_____	_____	_____	_____
_____	_____	_____	_____

6. The school district in which you reside is: Logan  Cache  Other  \_\_\_\_\_

7. School immunization record must be copied and filed with the school office.

8. Special considerations of which the school should be aware regarding your child (allergies, asthma, meds, etc.):  
 Medical conditions: \_\_\_\_\_  
 Other conditions: \_\_\_\_\_

9. **Special considerations in academic areas of which the school should be aware regarding your child:**  
 Math  Reading  Spelling  Written Language  Speech

10. Emergency Contact information. (In case of emergency and we are unable to contact the parent/guardian.)  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Family Doctor/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

11. School last attended: \_\_\_\_\_  
Name City, County, State Grade last attended

12. Thomas Edison Charter School does not discriminate on the basis of race, ethnicity, color, national origin, sex, handicap, or disability. For state reporting however, we are required to submit ethnicity information. **This will not be used by Thomas Edison Charter School for any reason other than state reporting requirements.**  
 Are you Hispanic/Latino? Yes  No   
*Please select one or more of the following races for yourself:*  
 American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or other Pacific Islander   
 White  If American Indian, what is the tribal affiliation? \_\_\_\_\_

I am the custodial parent or legal guardian of \_\_\_\_\_ and request that my child be registered with the Thomas Edison Charter School.

Parent/Guardian Signature	Date	TECS Representative	Date
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