

District Entry Date: ____/____/____

Grade: _____

**REGISTRATION CARD
ALEXANDRIA TOWNSHIP SCHOOL DISTRICT**

Name: _____
(Last name first)

Date: _____

Address: _____

Phone: _____

(Home Location): _____

Social Security No.: _____

Date of Birth: _____ Gender: _____

Proof of Birth : _____

Parents' or Guardians' Names:

Father: _____

Mother : _____

Home Address: _____

Home Address: _____

Phone #: _____

Phone #: _____

Business Address: _____

Business Address: _____

Phone #: _____

Phone #: _____

Student's primary residence: Mother/Father Mother

Father

English spoken in the home? Yes _____ No _____ *If no, communication in school must be in _____
(Language)

Correspondence should be addressed to (circle one):

Mr. & Mrs. Mrs. Mr. Ms. _____

Names of other children in Alexandria Township School System:

Name _____ School _____

Name _____ School _____

Name _____ School _____

Name _____ School _____

Name _____ School _____

Name _____ School _____

School last attended _____

Date of Entrance _____

Address _____

Date of Leaving _____

City of Birth: _____ State of Birth : _____ County of Birth: _____

Race: White American Indian Asian Other
 Hispanic Black Pacific