

SEBRING
LOCAL SCHOOLS
STUDENT REGISTRATION

Legal First Name Legal Middle Name Legal Last Name

Street Address City Zip

Telephone Social Security # Date of birth

Previous school:(**school & city**) Admission Date Grade

Handicapping Condition: (codes on back) _____

Has student previously attended Sebring Schools? _____

If yes: When: _____ Grades: _____

First and Last Name of **Mother**

First and Last Name of **Father**

Address _____

Address _____

Please circle the custodial parent: BOTH MOTHER FATHER other: _____

Any additional pertinent information regarding foreign birth, residence, custody or other special arrangements: _____

CHECKLIST-

Copies made of:

- ___ Birth Certificate (if other-see below) ___ Social Security Card
- ___ Immunization Records ___ Custody Papers (if applicable)
- ___ Previous Report Card ___ Proof of Residence

- ___ Baptismal
- ___ Court Document
- ___ Hospital Record
- ___ Passport
- ___ Other

