

# REGISTRATION FORM IRON MOUNTAIN PUBLIC SCHOOLS

**Name of Child** \_\_\_\_\_ **Sex** Male / Female  
(As stated on Birth Certificate) (Last) (First) (Middle)

**Name Child Uses** \_\_\_\_\_ **Child's Birth Date** \_\_\_\_\_

**Residence of Student** \_\_\_\_\_  
(Street) (City) (Zip code)

**Grade Requesting:** K 1 2 3 4 5 6 7 8 9 10 11 12 **Kindergarten Preference:** Developmental K \_\_\_ K \_\_\_

**Transferring from:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Mother's Address** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Mother's Employer** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Father's Address** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Father's Employer** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

## Other Children Living at Home

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Emergency Information (person other than yourself to contact if your child is ill)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

Transportation Busing Requested \_\_\_\_\_ No Bus Necessary \_\_\_\_\_

---

## Additional information: (please check applicable)

\_\_\_ Special Education (including Speech) \_\_\_ Schools of Choice (additional form required)

Any other information helpful to school personnel in meeting your child's needs:

---

Parent Signature

Date of Registration Requested Start Date