

RADFORD CITY SCHOOLS REGISTRATION FORM

Student Information

Date of Entrance: _____ Teacher: _____
Student ID: _____ Grade: _____
Place of Birth: _____ Birth Certificate #: _____

Student's Full Legal Name _____
Last First Middle
Sex: ___ M ___ F Date of Birth: ___/___/___ Social Security Number: ___-___-___

Home Phone (____) _____

Home Address: _____

(City) (State) (Zip Code)

Mailing Address: _____

(City) (State) (Zip Code)

Is this residence within the city limits of Radford? _____
Does this student pay tuition to attend Radford City Schools? _____

Ethnicity: (**choose one**) Is the student Hispanic or Latino? Yes _____ No _____

Race: (**circle all that apply**) American Indian/Alaska Native Asian Black or African American
Native Hawaiian/Other Pacific Islander White

Will this child ride a school bus? Yes _____ No _____ Bus number: _____

Parent Information

Relationship to the student: _____

Name: _____
(Last) (First) (Maiden)

Address: _____
(Street) (City) (State) (Zip)

Mailing Address: _____
(P.O. Box) (City) (State) (Zip)

Home Telephone: (____) _____ Work Telephone: (____) _____

Cell Phone Number: (____) _____ Place of Employment: (____) _____

Email Address: _____

Relationship to the student: _____

Name: _____
(Last) (First) (Maiden)

Address: _____
(Street) (City) (State) (Zip)

Mailing Address: _____
(P.O. Box) (City) (State) (Zip)

Home Telephone: (____) _____ Work Telephone: (____) _____

Cell Phone Number: (____) _____ Place of Employment: (____) _____

Email Address: _____

Parents: ___ together ___ separated ___ divorced ___ deceased Student resides with: _____

Parent Signature

Date

