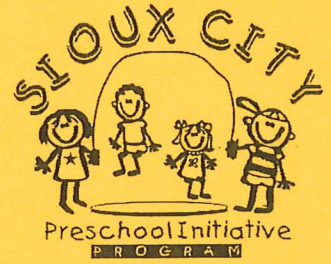




**Sioux City  
Community  
Schools**

believe... achieve... succeed



**Student Registration**

Student ID # \_\_\_\_\_ (office use only)

\_\_\_\_\_  
 First Name Middle Name Last Name

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender Male \_\_\_\_ Female \_\_\_\_

Primary Address \_\_\_\_\_ Zip Code \_\_\_\_\_

The following two-part Ethnicity/Race information is REQUIRED by Federal Law: (Both Parts must be answered)

(1) Hispanic/Latino Yes \_\_\_\_ No \_\_\_\_

(2) RACE (check one or more)

White \_\_\_\_ Black or African American \_\_\_\_ Asian \_\_\_\_

Native Hawaiian or Other Pacific Islander \_\_\_\_

American Indian or Alaska Native \_\_\_\_ (If yes, name of tribal affiliation \_\_\_\_\_)

**Parent #1:**

Name \_\_\_\_\_ Email \_\_\_\_\_

Cell \_\_\_\_\_ Work \_\_\_\_\_

**Parent #2:**

Name \_\_\_\_\_ Email \_\_\_\_\_

Cell \_\_\_\_\_ Work \_\_\_\_\_

School age children living in home (Preschool-12). Brother(s) and Sister(s) residing at home address:

First Name	Last Name	Birth Date	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_