

First Branch Unified District
Tunbridge Campus/Chelsea Campus
Registration Form

Last Name: _____ First Name: _____ Middle Name _____

Male: ___ Female: ___ Date of Birth: Mo _____ Day _____ Year _____ Grade _____

Is English your primary language? _____ If not, what is your primary language? _____

Names and birth dates of siblings: _____

Mailing Address: _____

Physical Address: _____

Student's Legal Town of Residence: _____ Home telephone: _____

Parent/Guardian's #1

Last Name: _____ First Name: _____

Relationship to student: _____

Mailing Address: _____

Physical Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Parent/Guardian #2

Last Name: _____ First Name: _____

Relationship to student: _____

Mailing Address: _____

Physical Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Two sided form:

Student(s) live with _____

Please indicate if student lives between two households and which days the student lives there.

We protect your privacy by not sharing family information unless we have your permission.

Please indicate yes or no for each item which occurs occasionally:

1. Child's name published in connection with the school? Yes _____ No _____
2. Child's image published in connection with the school? Yes _____ No _____

LOCAL EMERGENCY CONTACT(OTHER THAN PARENT): #1

Contact Name, First and Last: _____

Home phone: _____ -Cell number _____

Work phone: _____ Email: _____

LOCAL EMERGENCY CONTACT(OTHER THAN PARENT): #2

Contact Name, First and Last: _____

Home phone: _____ -Cell number _____

Work phone: _____ Email: _____

Is there anyone forbidden access to you child/ren? (if yes, we MUST have a name and a copy of the court order) Yes _____ No _____ Name _____

(official use only): _____

Date copy of court order received and filed.

Last School Attended: _____ Public or Private (circle one)

During the YEAR before Kindergarten my child was in (check all that apply)

Head Start: Y _____ N _____ Name of head start: _____

Childcare Center: Y _____ N _____ Name of Childcare Center: _____

Public Preschool: Y _____ N _____ Name of program: _____

Home-based care: Y _____ N _____ Family Childcare-Babysitter-Parent/Relative(circle all that apply)