

Ali‘iolani Elementary School Registration Form

INSTRUCTIONS:

1. This form should be filled out completely.
2. If an item is not applicable, write N/A
3. Information will be transferred to a cumulative record.
4. Legal name-if adoption is pending, legal name will be used until documents are received for verification.

Office Use Only: Grade _____ Room _____
Date of enrollment: _____

Child's Legal Name: _____ Birthdate: _____ Gender: M / F
(Last, First, Middle)

Home Address: _____ Home Phone No: _____

Name of Last School Attended: _____ City/State: _____ Date of Release: _____

Father's Name: _____ Mother's Name: _____

Cell Phone: _____ Work Phone: _____ Cell Phone: _____ Work Phone: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Educational Status: _____ Educational Status: _____

Marital Status: Married Single Divorced Marital Status: Married Single Divorced

Does child live with both parents? _____ If not, with whom? _____ Relationship _____

Sibling's Names (Oldest to Youngest) List the first and last name of brothers and sisters.

Boys:	Age	Girls:	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medical Information:

Please list any allergies or medical conditions below. Include any medications or any other health concerns.
