STUDENT REGISTRATION – MARATHON SCHOOL DISTRICT

___ Skyward ___ FAX to Bus
___ Directory ___ WISEdata

STUDENT INFORMATION (Please **PRINT** neatly.)

Student Name_____ Grade_____
Last First Middle

Address_____
Street P.O. Box City/State/Zip

__Female _____ _____ _____
__ Male Date of Birth Home Telephone Township

Birth Place_____
City County State

Ethnicity -- **select only one** -- ☐ **No**, not Hispanic or Latino -- ☐ **Yes**, Hispanic or Latino

Race ------- **select one (or more, if applicable)** -- ☐ American Indian or Alaska Native -- ☐ Asian --
☐ Black or African American -- ☐ Native Hawaiian or Other Pacific Islander -- ☐ White

Primary Language Spoken -- At Home_____ By Student_____

Brothers/Sisters (list names, birth dates, and gender - M/F) _____
_____

PARENT/GUARDIAN INFORMATION

(CHECK ONE) -- Student resides with -- ___*Father & Mother* ___*Father* ___*Mother* ___*Step-Father* ___*Step-Mother*

Birth Father_____ **Birth Mother**_____
(First & Last Name) (First & Last Name)

Address_____ Address_____

Home Phone_____ Cell_____ Home Phone_____ Cell_____

E-Mail Address_____ E-Mail Address_____

Employer_____ Employer_____

Work Phone Number_____ Work Phone Number_____

Step-Father_____ **Step-Mother**_____
(First & Last Name) (First & Last Name)

Address_____ Address_____

Home Phone_____ Cell_____ Home Phone_____ Cell_____

E-Mail Address_____ E-Mail Address_____

Employer_____ Employer_____

Work Phone Number_____ Work Phone Number_____

EMERGENCY INFORMATION *(In case of illness/emergency and parent(s) cannot be reached, list 2 other people we may call.)*

1. Name_____ Telephone_____

2. Name_____ Telephone_____

PARENT/GUARDIAN SIGNATURE_____ ***DATE***_____