

Rosalie Jones Administration Center 335 West Wilson Street Batavia, IL 60510 voice: (630) 937-8800 fax: (630) 937-8801

## Batavia Public Schools

Always Learning. Always Growing.

## To register additional students, please use reverse side.

PARENT/GUARDIAN INFORMATION #1 (additional parent information can be added in the PowerSchool Portal)							
Last Name	First Name	First Name		(Mr./Mrs./etc.)		Relationship to Student	
Street Address			City	I		Zip Code	
Cell Phone	Work Phone	Valid E-Mail Address			1		
	Parent Marital Status: (circle one)	Marr	ied Sep	parated	Divorced	Widowed	Single

PARENT/GUARDIAN INFORMATION #2 (additional parent information can be added in the PowerSchool Portal)							
Last Name	First Name	First Name		(Mr./Mrs./etc.)		Relationship to Student	
Church Addunce		City			Zin Cada		
Street Address		City			Zip Code		
Cell Phone	Work Phone	E-Mail Addres	-Mail Address				
	Parent Marital Status: (circle one)	Married	Separated	Divorced	Widowed	Single	

STUDENT #1 School:							
Last Name	F	irst Name		Middle Name			
Grade Entering	Mother's Maiden N	Mother's Maiden Name			Student Nickname (if applicable)		
Date of Birth	City & State of Birth	City & State of Birth			Gender		
Is this student a former Batavia Public School Student? Yes No							
Ethnicity (Please circle all t	that apply)						
American Indian or Alaskan Native	Asian/Pacific Islander	Black or African American	Hispanic	White	Multiracial/Ethnic		
Medical Information							
Doctor's Name		Contact Phone Num	nber				
Medical Alert:							
Known Allergies, medications, etc.							
Special Education – Does this student have a Special Education file? Yes No							
Does this student currently have an IEP, 504 Plan or receive additional services? If so, please indicate what type of services are being received.							
Emergency Contact Information (first person to notify in case of emergency if parents cannot be contacted							
Last Name	First Name	Contact #	A CONTRACT	Relationship	to Student		