DMS Student Registration Form

Student Name_____ Nickname_____
First Middle Last

Grade_____ Birth date_____ Sex_____ Ethnicity_____

Address _____
Street City Zip

Mailing Address_____
Street City Zip

Home Phone _____ Primary Language Spoken_____

Birthplace_____
City State Country

If born outside of the U.S., what date did you immigrate to the U.S.?_____

Adults with whom the student lives

Name_____ Relationship_____

Cell Phone_____ E-mail Address_____

Employer_____ Employer's Phone _____

Name_____ Relationship_____

Cell Phone_____ E-mail Address_____

Employer_____ Employer's Phone_____

Emergency Contact (an adult who can be contacted during the day if you are not available)

Name_____ Relationship_____

Daytime Phone_____

School Data

Do you have other children who attend Denison Community Schools? If so, please list names and ages

_____

Would your child like to be enrolled in choir? ◯ Yes ◯ No

Was your child enrolled in band at their previous school? ◯ Yes ◯ No
If yes, what instrument did they play?_____

Would your child like to be enrolled in band? ◯ Yes ◯ No

Parent Signature_____