



New Registration Form

Date _____

Upon completion of this form you will receive an Email providing access to the online Parent Portal, allowing the completion of your student's registration.

Have you ever had a student enrolled in The Affton School District ? Yes _____ No _____

Adults with whom child is living:

Name: _____ Relationship: _____

Email address: _____ Home/Cell Phone: _____

Address: _____ City/State: _____ Zip: _____

Spouse Name: _____ Relationship: _____

Email address: _____ Home/ Cell Phone: _____

Biological Parent who lives at different address from student: _____

Email address: _____ Relationship: _____ Home/ Cell Phone: _____

Address: _____ City/State: _____ Zip: _____

Allow access to Emergency Contact and Student forms in Update Household Data? _____

Allow Online Registration and e-Forms? _____

Name of Student(s) Enrolling in district :

Student First Name: _____ Middle Name: _____ Last Name: _____ DOB: _____ Gender: _____ Hispanic: Yes NO Race: _____ Grade: _____ Foster Child: Y or N School Transferring From _____ Has this student Received special services (504, IEP, Speech, ELL or Gifted) at their previous school? Yes _____ No _____ If yes, Please list all special services received: _____ Are there any court order documents currently in effect for this student? Yes _____ No _____

Student First Name: _____ Middle Name: _____ Last Name: _____ DOB: _____ Gender: _____ Hispanic: Yes NO Race: _____ Grade: _____ Foster Child: Y or N School Transferring From _____ Has this student Received special services (504, IEP, Speech, ELL or Gifted) at their previous school? Yes _____ No _____ If yes, Please list all special services received: _____ Are there any court order documents currently in effect for this student? Yes _____ No _____

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