



STUDENT PRE-REGISTRATION FORM

Welcome to SAU 41! Please complete the following information so we can begin the pre-registration enrollment process. Upon submission, of this form, you will be required to complete our official registration through **PowerSchool**, our online student registration software.

Today's Date: _____ Date to Begin School: _____ Grade Entering School: _____

Name:
First _____ Middle _____ Last _____ Preferred _____

Date of Birth: _____ **Place of Birth:** _____ **Gender:** M _____ F _____
City _____ State _____

Ethnicity: _____ **Home Address:** _____

Previous School:
Name _____ Address _____ Phone _____

Parent/Guardian Name: _____ **Relationship:** _____
Address: _____ Living with: _____

Cell phone: _____ Work/Day Phone: _____

Email: _____ Employer: _____

Marital Status: _____

Parent/Guardian Name: _____ **Relationship:** _____
Address: _____ Living with: _____

Cell Phone: _____ Work/Day Phone: _____

Email: _____ Employer: _____

Marital Status: _____

Parent/Guardian Name: _____ **Relationship:** _____
Address: _____ Living with: _____

Cell phone: _____ Work/Day Phone: _____

Email: _____ Employer: _____

Is your child currently receiving special education (IEP)?

Is your child currently enrolled on a Section 504 Plan?

Do you have other children enrolled in the District? If yes, please list:

Name _____ Grade _____ School _____ Name _____ Grade _____ School _____

Name _____ Grade _____ School _____ Name _____ Grade _____ School _____

For Office Use Only

- Proof of Residency Received
- Parenting Plan or N/A
- Special Education Records Received or N/A
- Copy of Birth Certificate Received
- Immunizations Received
- Report Card/Transcript Received