



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 Registration**, our online student registration software.

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

Name: _____
Last First Middle Preferred

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

Ethnicity: CAUCASIAN ASIAN BLACK/AFRICAN AMERICAN HISPANIC NATIVE AMERICAN/ALASKAN
 NATIVE HAWAIIAN/PACIFIC ISLANDER

Home Phone: _____ Home Address: _____
Street Town

Previous School: _____
Name Address Phone

Parent/Guardian Name: _____ Relationship: _____

Address: _____ Living with: Y N

Cell phone: _____ Work/Day Phone: _____

Email: _____ Employer: _____

Marital Status: MARRIED SEPARATED DIVORCED WIDOWED SINGLE PARENT OTHER

Parent/Guardian Name: _____ Relationship: _____

Address: _____ Living with: Y N

Cell phone: _____ Work/Day Phone: _____

Email: _____ Employer: _____

Marital Status: MARRIED SEPARATED DIVORCED WIDOWED SINGLE PARENT OTHER

Parent/Guardian Name: _____ Relationship: _____

Address: _____ Living with: Y N

Cell phone: _____ Work/Day Phone: _____

Email: _____ Employer: _____

Marital Status: MARRIED SEPARATED DIVORCED WIDOWED SINGLE PARENT OTHER

Is your child currently receiving special education (IEP)? YES NO

Is your child currently enrolled on a Section 504 plan? YES NO

Do you have other children enrolled in the District? If yes, please list: YES NO

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