

**LIVONIA PUBLIC SCHOOLS SHARED TIME PROGRAM
STUDENT REGISTRATION FORM**

Dear Parent/Guardian:

Livonia Public Schools provides one or more classes for your child at his/her school during the normal school day. Classes are provided at no charge to all parties; however, this form **must** be completed in order for your child to attend the class(es). *Please ensure that all information is complete and that you have signed the form.*

A Registration Form must be completed for EACH child and returned to your school promptly!

If you have any questions, please phone the Livonia Public Schools Shared Time office at (734) 744-2607.

STUDENT INFORMATION:	Today's Date _____
First Name _____ Middle Name _____ Last Name _____ <i>(Full Legal name as it appears on the birth certificate)</i>	
Gender: Male _____ Female _____ Birth Date _____ Grade _____ School _____ (Month) (Day) (Year)	
New Student: Yes _____ No _____ First Day Attended? _____	
If an 8 th grader, what school will student attend next year: _____	
Sibling Information: Please list Name(s) and age: <i>*This information avoids duplicate mailings.*</i> _____	

RESIDENCY INFORMATION:
Home Address _____ Bldg/Apt # _____ Complex Name _____
City _____ State/Zip Code _____
Home Telephone () _____ Unlisted: No _____ Yes _____
Does the child live within the Livonia District? Yes _____ No _____ If No, list resident district _____
Birthplace: City/State _____

PARENT(S) OR LEGAL GUARDIAN WITH WHOM THE STUDENT RESIDES:
First Parent/Guardian Name _____ Relationship _____
Cell Phone () _____ Work Phone () _____ Ext. _____
Email address _____
Second Parent/Guardian Name _____ Relationship _____
Address (if different from Student) _____
Home Phone (if different from Student) _____
Cell Phone () _____ Work Phone () _____ Ext. _____

NON-CUSTODIAL PARENT/DUAL RESIDENCY INFORMATION (IF APPLICABLE)
Name _____ Home Phone () _____
Address _____ City, Zip _____ Cell Phone () _____

MEDICAL/SPECIAL NEEDS:

Please list medical/health issues that may affect your student's ability to participate in any/all classes (i.e., allergies, asthma, heart condition, etc.): _____

Please list any special needs your child may have which may require accommodations (i.e., special education, IEP, visual, hearing, etc.): _____

RACIAL ETHNIC BACKGROUND

Is this child Hispanic/Latino? Yes _____ No _____

Use 1,2,3 to rank primary and secondary ethnic groups.

- | | |
|---|--|
| _____ White/Caucasian/European/Middle Eastern | _____ Black/African American |
| _____ American Indian /Alaska Native | _____ Hispanic/Latino |
| _____ Asian/Far Eastern/Indian/Pakistani | _____ Native Hawaiian/Other Pacific Island |

Signature: _____ Date: _____ Relationship to student: _____

***** A REGISTRATION FORM MUST BE COMPLETED FOR EACH INDIVIDUAL CHILD *****