



Marble Charter School

Registration Form

Date of Entry: _____ **Grade Entering:** _____ **Sex:** male/female

Student Name: _____

Last

First

Middle

Social Security Number ____ - ____ - ____

Date of Birth: _____ **Place of Birth:** _____

Home Address: _____

Street number & name

City

State

Zip

Mailing Address (if different): _____

County of Residence: _____

Will Student Ride the School Bus: yes ____ no ____

Student Lives With:

Both parents ____

Father only ____

Mother only ____

Other ____

Name: _____ **Relationship:** _____

Ethnic Code (circle one): White Asian Native American Hispanic Black

Language Spoken at Home: English ____ Spanish ____ Other ____

Immunization Records ____

Birth Certificate ____

Request for Records ____

Fathers Name: _____

Fathers Home Phone: _____ **Cell Number:** _____

E-mail address: _____

Place of Employment: _____ **Phone:** _____

Mothers Name: _____

Mother's Home Phone: _____ **Cell Number:** _____

E-mail address: _____

Place of Employment: _____ **Phone:** _____

Emergency Contacts (other than parents):

Name: _____

Home Phone: _____ **Cell:** _____ **Work:** _____

Name: _____

Home Phone: _____ **Cell:** _____ **Work:** _____

Family Doctor: _____ **Phone:** _____

Siblings:

Name: _____ **Grade:** _____

Name: _____ **Grade:** _____

Name: _____ **Grade:** _____

Name: _____ **Grade:** _____



Request for Transfer of Educational Records

Please send to:
Marble Charter School
418 W. Main St.
Marble, Co 81623
970-963-9550 970-963-8435 (fax)

Student Name: _____

Date of Birth: _____ Grade Entering: _____

The above student has enrolled in the Marble Charter School. Please send the following educational records pertaining to this student:

Cumulative Records

Health Records

Complete Special Ed Records (if applicable)

Test Records

Last School Attended:

School's Name

Address

Phone & Fax Number

Parent/Guardian Signature

Date