

New Registration

Affton School District

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

Name of Parent/Guardian: _____

Email address _____ Relationship _____

Address: _____ City/State _____ Zip _____

Home Phone/ Cell Phone _____

Spouse Name: _____

Email address _____ Relationship _____

Name of Student(s) enrolling in district:

Student First Name: _____ Middle Name: _____ Last Name: _____

DOB: _____ Gender: _____ Hispanic: Yes NO Race: _____ Grade: _____ School: _____

Student First Name: _____ Middle Name: _____ Last Name: _____

DOB: _____ Gender: _____ Hispanic: Yes NO Race: _____ Grade: _____ School: _____

Student First Name: _____ Middle Name: _____ Last Name: _____

DOB: _____ Gender: _____ Hispanic: Yes NO Race: _____ Grade: _____ School: _____

Student First Name: _____ Middle Name: _____ Last Name: _____

DOB: _____ Gender: _____ Hispanic: Yes NO Race: _____ Grade: _____ School: _____

OFFICE USE ONLY	EC	MP	GI	RM	AHS
Proof of Residency					
Birth Certificate					
Immunization Records					
Unofficial Transcript (High School)					
Current Schedule/Grades					
Special Education Records (If Applicable)					
Court Order Documents (If Applicable)					
Custody Paperwork (If Applicable)					