

Quick Registration

Affton School District

Name of Parent/Guardian: _____

Email address _____ Relationship _____

Address: _____ City/State _____ Zip _____

Home Phone _____

Spouse Name: _____

Email address _____ Relationship _____

Address: _____ City/State _____ Zip _____

Name of Student(s) enrolling in district:

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

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

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

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

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

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

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

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

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

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

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

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