



South Shore
Charter School

SCHOOL DISTRICT REGISTRATION CONFIRMATION FORM

PLEASE TAKE THIS FORM TO YOUR SCHOOL DISTRICT CENTRAL REGISTRATION OFFICE TO BE COMPLETED

STUDENT & PARENT INFORMATION

NAME OF PUPIL:	
DATE OF BIRTH: / /	GENDER: M / F
GRADE:	
PARENT NAME:	CELL #
ADDRESS:	

**THIS SECTION MUST BE COMPLETED & STAMPED BY THE
SCHOOL DISTRICT CENTRAL REGISTRATION OFFICE YOU RESIDE IN**

SCHOOL DISTRICT:
REGISTRATION DATE: / / SCHOOL DISTRICT PHONE:

DISTRICT EMPLOYEE: _____ DATE: / /

EMPLOYEE TITLE: _____ SIGNATURE: _____

**PLEASE RETURN THIS FORM TO
SOUTH SHORE CHARTER SCHOOL MAIN OFFICE**

www.southshorecharterschool.org
