



Mehlvil School District

Summer Session - New Student Registration Form

Date: _____

Have you ever had a student enrolled in the Mehlville School District and/or Summer School? Yes No

Adults with whom child is living:

Name: _____ Relationship: _____

Email address: _____ Home/Cell Phone: _____

Address: _____ City/State: _____ Zip: _____

Spouse Name: _____ Relationship: _____

Email address: _____ Home/Cell Phone: _____

Biological Parent/Legal Guardian living at different address: _____

Email address: _____ Relationship: _____ Home/Cell phone: _____

Address: _____ City/State: _____ Zip: _____

Student(s) enrolling in district:

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

DOB: _____ Gender: _____ Hispanic: Yes No Race: _____ Current Grade: _____ Foster Child: Yes No

School transferring from: _____ Phone #: _____

Has this student received special services (504, IEP, ELL or Gifted) at their previous school? Yes No

If yes, please list all special services received: _____

Does the student have an Individual Health Plan for a documented medical concern? Yes No

Is this student enrolled in another summer school session? Yes No

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

DOB: _____ Gender: _____ Hispanic: Yes No Race: _____ Current Grade: _____ Foster Child: Yes No

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