TORONTO CITY SCHOOL DISTRICT EMIS INFORMATION REGISTRATION ALL INFORMATION IS REQUIRED

STUDENT'S FIRST NAME	
MIDDLE NAME	
LAST NAME	
STUDENT'S SOCIAL SCURITY #	•
CHILD'S BIRTHDATE	
CHILD'S SEX (Gender)	
GRADE	
NATIVE LANGUAGE *RACIAL/ETHNIC DATA-PLEASE ANSWER B A. IS THE STUDENT HISPANIC/LATINO?Y	
B. IS THE STUDENT: (Please check all that apply)American Indian or Alaska NativeAsianB Hawaiian or other Pacific Islander(If left blank, ethnicity will be determined *Toronto City School District is mandated by the Uni Child Left Behind Act, to collect and report this infor on or after July 1, 2010. FIRST TIME ENROLLED IN TORONTO CITY SC	lack or African AmericanWhiteNative by observer identification) ted States Department of Education, under the No mation for all students who enroll in the school district
CITY & STATE OF CHILD'S BIRTH	
MOTHER'S MAIDEN NAME	
ADDRESS (ROUTE/BOX#)	
CITY, STATE	
ZIP CODE	
TELEPHONE #	
MOTHER/FATHER/ GUARDIAN NAME	
PHONE/CELL PHONE #'S	
SCHOOL DISTRICT THAT YOU RESIDE IN PREVIOUS SCHOOLNAME ADDRESS CITY, STATE, & ZIP CODE PHONE NUMBER	