

STUDENT REGISTRATION FORM

SHADED AREA FOR OFFICE USE ONLY

STUDENT I.D. NO.

SCHOOL	ADMISSION REASON	ENTRY DATE	GRADE	ADMISSION STATUS	FT/PT	GRAD YEAR	HOME RM	COUNSELOR (OR TEACHER) NAME	
PROOF OF AGE <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> PASSPORT <input type="checkbox"/> OTHER			PROOF OF ADDRESS <input type="checkbox"/> UTILITY BILL(S) <input type="checkbox"/> OTHER		LOCKER NO.	ROUTE #	<input type="checkbox"/> P/P <input type="checkbox"/> TITLE I	<input type="checkbox"/> SPEC ED <input type="checkbox"/> 504	<input type="checkbox"/> TAG <input type="checkbox"/> ELL

INSTRUCTIONS: The Registration form is a required official record. The questions on this form ask for important information that will help provide services for your child. If you need help filling out this form, please contact your school. **Please print using a black ball-point pen, completing both pages.** If any information you provide should change in the future, please notify your school immediately.

STUDENT INFORMATION

1. LEGAL LAST NAME	2. LEGAL FIRST NAME	3. MIDDLE NAME	4. SUFFIX	5. USUAL LAST NAME (if different)	6. PREFERRED FIRST NAME	7. GENDER <input type="checkbox"/> F <input type="checkbox"/> M						
8. BIRTHDATE / /	9. HOME PHONE NO. ()	10. UNLISTED <input type="checkbox"/> Yes <input type="checkbox"/> No	11a. ETHNICITY Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(FEDERAL AND STATE REGULATIONS REQUIRE WJ TO ASK THQIAY UBCEIV QUESTION THIS WAY FOR STATISTICAL REPORTS.)</small>				11b. RACE <i>Select at least one.</i> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White					
12. HOME ADDRESS (Street Address & Apartment No.)		13. CITY	14. STATE	15. ZIP CODE	16. STUDENT EMAIL ADDRESS							
17. MAILING ADDRESS (if different from home)		18. CITY	19. STATE	20. ZIP CODE	21. PREVIOUS SCHOOL DISTRICT ATTENDED							
22. PREVIOUS SCHOOL ATTENDED	23. DATES ATTENDED	24. PREVIOUS SCHOOL ADDRESS			25. PREVIOUS SCHOOL PHONE NO. ()							
26. Is the student, a parent, or a grandparent, a member of a U.S. federally recognized American Indian Tribe? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, please fill in tribe name: _____ <small>(THIS INFORMATION ESTABLISHES THE DISTRICT'S ELIGIBILITY FOR A FEDERAL GRANT UNDER TITLE VII-A OF THE NO CHILD LEFT BEHIND ACT. COMPLETE INFORMATION WILL BE SENT TO STUDENTS MARKING "YES" ON THIS ITEM.)</small>												
27. IS A LANGUAGE OTHER THAN ENGLISH THE STUDENT'S FIRST LANGUAGE, OR THE LANGUAGE USED AT HOME OR WITH FRIENDS? YES <input type="checkbox"/> (If answer is YES, ESL/Bilingual services will be provided only with an assessment.) NO <input type="checkbox"/> If YES, please complete the following: <table border="0" style="width:100%"> <tr> <td>• Student's first (or other) language:</td> <td>• Student is or has been in an ESL/Bilingual Program. YES <input type="checkbox"/> NO <input type="checkbox"/></td> <td>• Language spoken at home or with friends:</td> <td>• Language student uses most:</td> <td>• If Yes, send printed materials in language spoken at home? YES <input type="checkbox"/> NO <input type="checkbox"/></td> <td>• Interpreter needed? YES <input type="checkbox"/> NO <input type="checkbox"/></td> </tr> </table>							• Student's first (or other) language:	• Student is or has been in an ESL/Bilingual Program. YES <input type="checkbox"/> NO <input type="checkbox"/>	• Language spoken at home or with friends:	• Language student uses most:	• If Yes, send printed materials in language spoken at home? YES <input type="checkbox"/> NO <input type="checkbox"/>	• Interpreter needed? YES <input type="checkbox"/> NO <input type="checkbox"/>
• Student's first (or other) language:	• Student is or has been in an ESL/Bilingual Program. YES <input type="checkbox"/> NO <input type="checkbox"/>	• Language spoken at home or with friends:	• Language student uses most:	• If Yes, send printed materials in language spoken at home? YES <input type="checkbox"/> NO <input type="checkbox"/>	• Interpreter needed? YES <input type="checkbox"/> NO <input type="checkbox"/>							

PARENT/GUARDIAN INFORMATION (Contact phone numbers and email addresses will be used to distribute important school or district information.)

28. CHILD LIVES WITH: (check one) <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> OTHER:			29. STUDENT MAY BE MIGRANT ELIGIBLE? YES <input type="checkbox"/> NO <input type="checkbox"/> <small>(TO QUALIFY FOR MIGRANT EDUCATION SERVICES, A CHILD MUST HAVE MOVED WITHIN THE PAST THREE (3) YEARS ACROSS THE SCHOOL DISTRICT, CITY, COUNTY, OR STATE LINES WITH HIS/HER PARENT(S) OR GUARDIAN(S) TO OBTAIN TEMPORARY OR SEASONAL EMPLOYMENT IN AN AGRICULTURAL OR FISHING ACTIVITY.)</small>				
30. PARENT/RESPONSIBLE ADULT: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____		31. LAST NAME		32. FIRST NAME		33. Contact in event YES <input type="checkbox"/> of emergency: NO <input type="checkbox"/>	
34. ADDRESS: Living with student? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, please fill address in box No. 35, and check <input type="checkbox"/> to receive copy of report card/correspondence. Same as student address? YES <input type="checkbox"/> NO <input type="checkbox"/>			35. DIFFERENT ADDRESS		36. CITY	37. STATE	38. ZIP CODE
39. HOME PHONE NO. ()	40. CELL PHONE NO. ()	41. WORK PHONE NO. ()	42. EMAIL ADDRESS				
43. SPEAKS ENGLISH: YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, primary language:		44. Interested in YES <input type="checkbox"/> volunteering: NO <input type="checkbox"/>	45. LIVE/WORK ON FEDERAL PROPERTY: YES <input type="checkbox"/> NO <input type="checkbox"/> <small>(ESTABLISHES DISTRICT ELIGIBILITY FOR FEDERAL FUNDING.)</small> Federal <input type="checkbox"/> Military <input type="checkbox"/>		46. MIGRANT WORKER: YES <input type="checkbox"/> NO <input type="checkbox"/>		
47. PARENT/RESPONSIBLE ADULT: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____		48. LAST NAME		49. FIRST NAME		50. Contact in event YES <input type="checkbox"/> of emergency: NO <input type="checkbox"/>	
51. ADDRESS: Living with student? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, please fill address in box No. 52, and check <input type="checkbox"/> to receive copy of report card/correspondence. Same as student address? YES <input type="checkbox"/> NO <input type="checkbox"/>			52. DIFFERENT ADDRESS		53. CITY	54. STATE	55. ZIP CODE
56. HOME PHONE NO. ()	57. CELL PHONE NO. ()	58. WORK PHONE NO. ()	59. EMAIL ADDRESS				
60. SPEAKS ENGLISH: YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, primary language:		61. Interested in YES <input type="checkbox"/> volunteering: NO <input type="checkbox"/>	62. LIVE/WORK ON FEDERAL PROPERTY: YES <input type="checkbox"/> NO <input type="checkbox"/> <small>(ESTABLISHES DISTRICT ELIGIBILITY FOR FEDERAL FUNDING.)</small> Federal <input type="checkbox"/> Military <input type="checkbox"/>		63. MIGRANT WORKER: YES <input type="checkbox"/> NO <input type="checkbox"/>		

ADDITIONAL EMERGENCY CONTACTS*Please use separate form to list additional emergency contacts if desired.***Please make sure the emergency information is correct. In an emergency, parent/guardians on page one will be called first, unless you indicate otherwise below.**

64. EMERGENCY CONTACT LAST NAME		65. FIRST NAME		66. RELATIONSHIP		67. CALL: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th	
68. HOME PHONE NO. ()		69. CELL PHONE NO. ()		70. WORK PHONE NO. ()		71. By listing this person as an emergency contact, you are authorizing him or her to pick up your child at school if you cannot be reached.	
72. EMERGENCY CONTACT LAST NAME		73. FIRST NAME		74. RELATIONSHIP		75. CALL: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th	
76. HOME PHONE NO. ()		77. CELL PHONE NO. ()		78. WORK PHONE NO. ()		79. By listing this person as an emergency contact, you are authorizing him or her to pick up your child at school if you cannot be reached.	

MEDICAL INFORMATION**School staff need to know when your child has current medical conditions for which he/she may require help during the school day. Remember to advise your school of any changes in information.**

80. DOCTOR'S NAME (Optional)		81. PHONE NO. (Optional) ()		82. DENTIST'S NAME (Optional)		83. PHONE NO. (Optional) ()	
84. PREFERRED HOSPITAL		85. EMS (Emergency Medical System) makes the final decision for site of best available care when serious illness, accident, or other emergency event directs need for transporting to a hospital. If possible, the school will advise EMS of your hospital preference.					
86. INSURANCE CARRIER (optional)		87. PLEASE CHECK ANY CURRENT MEDICAL CONDITIONS:				<input type="checkbox"/> Diabetes: <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Serious Allergies: <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Disease <input type="checkbox"/> Seizure Disorder Date of Diagnosis: <input type="checkbox"/> Other:	
88. OTHER SPECIAL HEALTH NEEDS AT SCHOOL			89. MEDICATIONS TO BE TAKEN AT SCHOOL (please list and also complete the Authorization for Medication form)			90. LAST PHYSICAL EXAM DATE	

SIBLINGS (Currently attending a school within this District)*Please use separate form to list additional siblings.*

91. SIBLING LAST NAME		92. FIRST NAME		93. RELATIONSHIP		94. AGE		95. GENDER <input type="checkbox"/> F <input type="checkbox"/> M		96. SCHOOL		97. GRADE	
98. SIBLING LAST NAME		99. FIRST NAME		100. RELATIONSHIP		101. AGE		102. GENDER <input type="checkbox"/> F <input type="checkbox"/> M		103. SCHOOL		104. GRADE	

INDIVIDUALIZED EDUCATION PLAN (I.E.P.) AND 504 PLAN**GENERAL INFORMATION**

105. Does the student have a current Individualized Education Plan? YES <input type="checkbox"/> NO <input type="checkbox"/>		106. Does the student have a Section 504 Plan? YES <input type="checkbox"/> NO <input type="checkbox"/>		107. Do you have internet access at home? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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PERMISSIONS / AUTHORIZATIONS**For annual notices on Directory Information, Student Records, Military Recruiting and Protection of Student Rights, please see the *District Parent and Student Handbook*.**

108. Under federal law and school policy, the school district may release the following information without prior parental consent: Student name, participation in officially recognized activities and sports, weight and height of members of athletic teams, degrees, honors, and awards received, major field of study, dates of attendance, and the most recent school attended. If you do not want this information released, please contact your school to submit a written request. This form must be completed each year [Non-Release of Student Directory Information Form].

Student photographs are commonly used in yearbooks, newsletters, websites, and other school related publications. If you do not want your student's photograph used or released for these purposes or for news media, please contact your school to submit a written request [Publicity Denial & Non-Release of Information to School Directory Form].

Many schools or PTAs publish school directories that include Parent/Guardian contact information. If you do not want your name and contact information released for the school directory, please contact your school to submit a written request [Publicity Denial & Non-Release of Information to School Directory Form].

109. HIGH SCHOOL ONLY

I do not want my child's name, address and phone number released to: Military Recruiters College Recruiters

The No Child Left Behind Act of 2001 requires school districts to provide, upon request, the names, addresses and phone numbers of juniors and seniors to military recruiters, colleges and universities. If you do not want the school district to provide information about your student to either the military or colleges and universities, you have the opportunity to "opt out." In order to do so, you must check next to one or both of the categories above.

110. SIGNATURE OF PARENT/RESPONSIBLE ADULT (Required) X		111. DATE		112. SIGNATURE OF PARENT/RESPONSIBLE ADULT X		113. DATE	
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