

STUDENT REGISTRATION FORM

Date: _____ School: _____ Grade Level: _____

STUDENT INFORMATION *(please print)*

Last Name: (legal name from birth certificate)		First Name	Middle Name	Gender <input type="radio"/> Male <input type="radio"/> Female	
DOB (mm/dd/yyyy)	Birth Place (city, state & country)		If born outside of the U.S., when did the student enter the country?		
Street Address	Street Name	Apt #	P.O. Box	County	City Zip
Home Phone:	Do you need transportation from this address? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both		Student Residency (what district does the student reside)		
Is this student Hispanic or Latino? <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino		What is the students Race? <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White			
Primary language spoken at home: <input type="checkbox"/> English <input type="checkbox"/> Other _____	What language did this student first speak? <input type="checkbox"/> English <input type="checkbox"/> Other _____		What other languages are spoken in the home or environment?		
Has this student ever attended this school district before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which building? _____ Dates: _____					
Is this student currently in a Foster Care? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the Parent/Guardian an active member of the Armed Forces or National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a current No Contact Order or other safety factors which concerns the student? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy. Is there custodial paperwork for this student that the school needs to be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy. Photo Consent - Do you give the school permission to include this students photo for yearbook, website, external media, school programs, possibly TV? <input type="checkbox"/> Yes <input type="checkbox"/> No					

PARENT/GUARDIAN INFORMATION

Last Name	First Name	Middle Initial	Relationship	Do you reside with this student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally responsible for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	Street Name	Apt #	P.O. Box	County	City Zip
Home Phone	Cell Phone	Email Address			
Place of Employment				Work Phone	
Last Name	First Name	Middle Initial	Relationship	Do you reside with this student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally responsible for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	Street Name	Apt #	P.O. Box	County	City Zip
Home Phone	Cell Phone	Email Address			
Place of Employment				Work Phone	

SPECIAL EDUCATION

Has this student or does this student currently receive special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what services has/does this student receive? (please list) _____ Does this student currently have a 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to any of the above questions, please provide the documentation.

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EMERGENCY CONTACTS (if we are unable to reach you, please list contacts we may call or release your student to)

Last Name	First Name	Middle Initial	Relationship
Home Phone ()	Cell Phone ()	Work Phone ()	Ext:
Last Name	First Name	Middle Initial	Relationship
Home Phone ()	Cell Phone ()	Work Phone ()	Ext:
Last Name	First Name	Middle Initial	Relationship
Home Phone ()	Cell Phone ()	Work Phone ()	Ext:

FAMILY INFORMATION (please list all children in the family, oldest to youngest)

Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	School
Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	School
Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	School
Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	School
Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	School

HEALTH INFORMATION (please note any pertinent health information about this student)

Does this student have any medical issues that the school needs to be aware of? ☐ Yes ☐ No If yes, please list conditions. _____

Does this student have any allergies? ☐ Yes ☐ No If yes, please list all allergies. _____

Does this student use an Epi-Pen or other emergency medications? ☐ Yes ☐ No If yes, will it be at school? ☐ Yes ☐ No

List ALL medications (including over the counter) that the student will take at school. _____

*****IF THE STUDENT RECEIVES MEDICATIONS AT SCHOOL A MEDICATION/TREATMENT FORM IS REQUIRED AND NEEDS TO BE UPDATED ANNUALLY, PLEASE CONTACT THE OFFICE TO COMPLETE THESE FORMS****

DIRECTORY INFORMATION

The Board designates as student "directory information" a students name, address, telephone number, date and place of birth, major field of study, participation in officially-recognized activities and sports, height & weight, if a member of an athletic team, dates of attendance, date of graduation awards received, honor rolls, scholarships, telephone numbers only for inclusion in school or PTO directories, school-assigned email addresses, only to register for online educational service providers, including mobile apps, as utilized by the student for educational purposes.

If you have any objections regarding the release of this information please notify the school where your student will attend in writing.

PARENT SIGNATURE

Your signature verifies the information given is correct.

Signature (Parent/Guardian/or Student if 18 years of age or older)

Date