

Student Registration Form 2011 - 2012							Form #:
							Tracking #:
First Name:		Middle Name:		Last Name:		Suffix:	
Alias First Name:		Alias Middle Name:		Alias Last Name:		Alias Suffix:	
Gender:	Gradelevel:	10-digit State ID:	Birthdate:	Birth City:	Birth State:	Birth Country:	
Physical Address				Permanent Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, please describe on pg 4)			
Street Address:			City:	State:	Zip:		
Mailing Address							
Mailing Address:			City:	State:	Zip:		
Home Phone:		Cell Phone:		County of Residence:		School District of Residence:	
E-mail Address:							
<input type="checkbox"/> Check here if student was born outside the U.S. but granted U.S. citizenship at time of birth <input type="checkbox"/> Check here if foreign student temporarily schooling in the U.S. <input type="checkbox"/> Check here if student is foreign born and has been enrolled less than 3 cumulative years in the U.S.							

Office Use Only: Pre-Enrollment Information	
Anticipated Start Date:	Program Placement: (General Ed, Special Ed, or Adult Ed)
Primary School Site:	Anticipated Education Program: (Classroom Based, Ind. Study, Modified - IS, ...)

Previous School/Enrollment Details			
Name of Previous School:		Address of Previous School:	
Previous School Type (please select one): Public School: <input type="checkbox"/> in the same district <input type="checkbox"/> in a different district same state <input type="checkbox"/> in a different state <input type="checkbox"/> Charter School <input type="checkbox"/> matriculated from another school/completed highest gradelevel offered there Private, non-religiously-affiliated school: <input type="checkbox"/> in the same district <input type="checkbox"/> in a different district, same state <input type="checkbox"/> in a different state <input type="checkbox"/> Home Schooling Family Private, religiously-affiliated school: <input type="checkbox"/> in the same district <input type="checkbox"/> in a different district, same state <input type="checkbox"/> in a different state Other: <input type="checkbox"/> school outside of the United States <input type="checkbox"/> Institution (example: correctional facility) Original Entry into US school: <input type="checkbox"/> (enrolling in school for first time ever, i.e., no previous school) <input type="checkbox"/> from a foreign country <i>without</i> schooling interruption <input type="checkbox"/> from a foreign country <i>with</i> schooling interruption			
Date first enrolled in the U.S.:	Date first enrolled in this state:	Date first enrolled in District:	Date first enrolled in this school:
Grade first enrolled in District:		Grade first enrolled in this school:	

Ethnicity * New federal ethnicity and race data collection/reporting requirements beginning in 2009-2010 require all students to identify their ethnicity from the 2 choices below:

Is this student Hispanic or Latino?	
<input type="checkbox"/> No, not Hispanic or Latino	<input type="checkbox"/> Yes, Hispanic or Latino

Race * In addition to ethnicity, at least one race must also be selected below:

<input type="checkbox"/> American Indian or Alaskan Native A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.	<input type="checkbox"/> Black or African American A person having origins in any of the black racial groups of Africa.	<input type="checkbox"/> White A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. <input type="checkbox"/> Middle Eastern
Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean <input type="checkbox"/> Cambodian <input type="checkbox"/> Laotian <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Filipino <input type="checkbox"/> Other Asian <input type="checkbox"/> Japanese	Pacific Islander <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander	

Home Language Survey

What language did the student first learn to speak?	What language does the student most frequently read/speak at home?
What language does the parent/guardian most frequently speak to the student?	What language is most often spoken by adults in the home?
Is the student fluent in English? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Enrollment Enhancements/Modifiers

Is parent/guardian employed in one or more agricultural or fishing activities on a seasonal or other temporary basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immunization information is included with this enrollment information?	
Birth Certificate is included with this enrollment information?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/Guardian Release

Grants the student permission to sign themselves in and out of the school	<input type="checkbox"/> Yes <input type="checkbox"/> No
Agree to the "Open Campus" Policy (for High School)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student is allowed to use computers at school	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student allowed to access the Internet at school	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permission to include student information in the School Directory	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grant permission to use pictures of the student for school purposes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grants permission to use student work produced by this student for school purposes	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/Guardian Information

Parent/Guardian 1		Parent/Guardian 2	
Name:		Name:	
Relationship to student:		Relationship to student:	
Street Address: <input type="checkbox"/> Same as student		Street Address: <input type="checkbox"/> Same as student	
City:		City:	
State:	Zip:	State:	Zip:
Mailing Address: <input type="checkbox"/> Same as student		Mailing Address: <input type="checkbox"/> Same as student	
City:		City:	
State:	Zip:	State:	Zip:
Employer:	Federal Employee?	Employer:	Federal Employee?
Active Duty Military:	Military Branch or Service:	Active Duty Military:	Military Branch or Service:
Employer Address:	Duty Station:	Employer Address:	Duty Station:
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
Work Phone:	E-mail address:	Work Phone:	E-mail address:
Lives with student?	Send student mailings?	Lives with student?	Send student mailings?
Parent/Guardian 1 Highest Level of Education (check one) <input type="checkbox"/> Graduate Degree - Holds MA, MS, PhD or EdD (10) <input type="checkbox"/> College Graduate - Holds BA or BS (11) <input type="checkbox"/> Some College - Holds AA or has completed 2 full years at a 4-year university (12) <input type="checkbox"/> High School Graduate - Holds diploma or GED (13) <input type="checkbox"/> Not a high school graduate (14) <input type="checkbox"/> Decline to State (15)		Parent/Guardian 2 Highest Level of Education (check one) <input type="checkbox"/> Graduate Degree - Holds MA, MS, PhD or EdD (10) <input type="checkbox"/> College Graduate - Holds BA or BS (11) <input type="checkbox"/> Some College - Holds AA or has completed 2 full years at a 4-year university (12) <input type="checkbox"/> High School Graduate - Holds diploma or GED (13) <input type="checkbox"/> Not a high school graduate (14) <input type="checkbox"/> Decline to State (15)	

****Note:** If Physical address does not represent Permanent Housing, please briefly describe what type of Temporary Housing the physical address represents:

I certify that all of the statements and information given above are true and correct to the best of my knowledge:

X _____ X _____
 Parent Signature Date

Other Health Condition:

What action is to be taken if student has a complication due to his/her allergic condition or other health condition (Please be specific):

Known Conditions: (check all that apply)

<input type="checkbox"/> Asthma	<input type="checkbox"/> Known hearing problem	<input type="checkbox"/> Glasses to be worn at all times
<input type="checkbox"/> Bee Sting Allergy	<input type="checkbox"/> Preferential seating	<input type="checkbox"/> Known eye condition/defect in vision
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Wears hearing aid	<input type="checkbox"/> Wears contact lenses
<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Wears glasses
<input type="checkbox"/> Heart Condition		
<input type="checkbox"/> Seizures		
<input type="checkbox"/> Other (Please Specify Below)		

Insurance

Health Insurance Carrier:	Insurance ID or Policy #:	Hospital Preference
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Physician

Name of Physician:	Address:	Phone:
Vision (list Dr):		
Hearing (list Dr):		

Parent Signature

In case of accident or other emergency, if parent or guardian cannot be reached, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation.

Under such circumstances, I further authorize the physician named above to undertake such acts and treatment of my child as he/she considers necessary. In the event said doctor is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon.

I certify that all of the statements and information given above are true and correct to the best of my knowledge:

The undersigned hereby agree to bear all costs incurred as a result of the forgoing. This authorization will remain in effect until revoked by the undersigned in writing:

Signature of Parent or Guardian: _____ Date: _____

Emergency Card

Currently Assigned Staff:

Student Name:	Gender:	Grade:	Birthdate:	Age:	Student ID#:
Physical Street Address:	City:			State:	Zip:
Mailing Address:	City:			State:	Zip:

Parent/Guardian

Parent/Guardian Name:	Relationship:
Address:	Home Phone:
	Cell Phone:
	Work Phone:
	Email:
Parent/Guardian Name:	Relationship:
Address:	Home Phone:
	Cell Phone:
	Work Phone:
	Email:
Person(s) authorized to pickup student from school:	
Custody issue regarding the student:	
Legal restrictions for any parent:	

Emergency Contacts

(Relatives/neighbors/friends who will assume temporary care of your child if you cannot be reached)

Contact 1 Name:	Relationship to student:	Phone Number 1:	Phone Number 2:
Contact 2 Name:	Relationship to student:	Phone Number 1:	Phone Number 2:

Other Children in Family

Name	Gender	Year Born	School Currently Attending	over 18	Relationship to student
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

Health Information

Medications taken by student at home (written authorization from doctor required for school to administer):

Has your child ever received any Special Education services of any kind? Yes No

If NO: Sign and date here.

I certify that my student has never received Special Education services of any kind. I further certify that my student does not have a 504 Plan.

Parent/Guardian **X** _____ Date: **X** _____

If YES: Sign here and provide a copy of the IEP, including an exit IEP.

I understand I must submit all Special Education documentation, and/or 504 Plan with my child's Enrollment paperwork, and that without it my child cannot be enrolled in this school. I certify that all statements are true and correct to the best of my knowledge.

Parent/Guardian **X** _____ Date: **X** _____