



STUDENT REGISTRATION FORM - School Name: _____

Student Name: _____
FIRST MIDDLE LAST
(As stated on birth certificate)

Nickname: _____

Gender: Male _____ Female _____ Date of Birth: _____

Social Security Number: _____ - _____ - _____ Grade _____

City of Birth: _____ State of Birth: _____

OFFICE USE
Student ID _____
Homeroom _____
Entry Date _____
Pre school Attending _____
M__T__W__TH__F__ Daycare Y__N__

These questions must be completed

1. What is the student's ethnicity? _____Hispanic or Latino OR _____Not Hispanic or Latino
2. Race (circle all that apply): American Indian or Alaska Native Asian Black or African American
Native Hawaiian or Other Pacific Islander White

ADDRESS INFORMATION:

Number	Street	Building	Apt Number
Development	City	State	Zip Code

PARENT/GUARDIAN DATA:

Student Resides with: Mother Father Legal Guardian (Legal documentation must be presented).

Mother/Guardian _____	Father/Guardian _____
Date of Birth _____	Date of Birth _____
Social Security Number _____	Social Security Number _____
Employed by _____	Employed by _____
Home Phone _____ Unlisted? Yes <input type="checkbox"/>	Home Phone _____ Unlisted? Yes <input type="checkbox"/>
Business Phone _____ Ext. _____	Business Phone _____ Ext. _____
Cell Phone _____	Cell Phone _____
Emergency Contact Name* _____ Relationship _____	Tel # _____

*If no English is spoken at home, please try to provide an English speaker as the Emergency contact

Have you moved into the United States or across state/school district lines within last 3 years? Yes No

If YES, Please indicate Date of Entry into the United States. _____

Have you ever or are you currently seeking employment in agriculture, food processing, or in the fisheries? Yes No

Was your move into the school district related to your employment? Yes No

Does child have: an IEP 504 Plan

Please specify: _____

INFORMATION FROM SCHOOL LAST ATTENDED (including Pre-School)

Previous School _____ District _____ Grade _____

Address _____

Phone _____

TRANSPORTATION INFORMATION

Does your child require a childcare provider? If yes, please indicate childcare provider's name: _____

AND PLEASE COMPLETE CHILDCARE TRANSPORTATION REQUEST FORM.

OFFICE USE
Proof of Residence _____
Immunizations _____
Birth Certificate _____
Records Requested _____
Records Received _____
Home Language Survey _____
Permission to Evaluate _____
OFFICE USE
Walker? Yes _____
Bus _____ Time _____
Stop _____

Signature of Parent/Guardian _____ Date _____

Registration taken at: _____ Registrar: _____