

Corinth School District Registration Form

Student Information

Legal Name _____ Preferred Name _____

Last First Middle

Birth information: City _____ County _____

State _____ Country _____ Certificate Number _____

SS# _____ Birth Date _____

Race: (Circle One) W B AI/AN A PI Gender: (Circle One) M F

Ethnicity: Student is of Hispanic, Latino, or Spanish culture or origin? ____ Yes ____ No

Race: (Circle any others that apply) W B AI/AN A PI

Mailing Address _____

Street/911 Address _____

City, State, Zip _____ Home Phone _____

Last School Attended _____

Address _____

City, State, Zip _____

Student EVER attended CSD? ____ If so, name/grade of CSD school _____

Student enrolled or EVER enrolled in Special Education Last School Attended? ____ Yes ____ No

Student Enrolled in Speech? ____ Yes ____ No Student Enrolled in Gifted? ____ Yes ____ No

Parent/Guardian Name _____ Deceased? ____

Relationship _____ Emergency Contact ____ Guardian Indicator ____

Mailing Address _____

City, State, ZIP _____ Last Grade Completed _____

Employer _____

Occupation _____

Home Phone _____ Work Phone _____

Email Address _____ Beeper/Cell Phone _____

Parent/Guardian Name _____ Deceased? ____

Relationship _____ Emergency Contact ____ Guardian Indicator ____

Mailing Address _____

City, State, ZIP _____ Last Grade Completed _____

Employer _____ Occupation _____

Home Phone _____ Work Phone _____

Email Address _____ Beeper/Cell Phone _____

With whom does the child live? _____

Special Instructions _____

Brothers and/or Sisters under 21- Give name and birth date.

Office Use Only

Date _____ School _____

MSISID _____

Student ID _____

Grade ____ Entry Code _____

HR Teacher _____

Check if Applicable

____ Birth Certificate

____ Immunization Compliance Form

____ Publicity Permisson Form

____ Verification of Legal Residence (2)

____ Acceptable Use Policy

____ McKinney-Vento Homeless Assistance Act

____ Social Security Card

____ Immigrant

____ Migrant

____ English Language Learner

Verified By _____

Other Information

____ Bus ____ Car ____ Other

____ Tuition Student

District # _____

____ In-District Transfer Home

School _____

Transfer Records

Ordered From _____

Ordered By _____

Records Received ____ Yes ____ No

Date Records Received _____

Medications _____

Special Medical/Emotional/
Educational information that might help teacher _____

List any physical limitations or restrictions of child _____

If student is transferring from a non-public school, is the school accredited? Yes No
 If yes, name of accrediting organization _____

Has student ever been suspended or referred to an alternative school? Yes No
 If yes, Name of School _____

Home Language Surgvey

Please check the appropriate answer:

1. What is the first language the student learned to speak?
 English _____ Other _____

2. What language does the student most often speak?
 English _____ Other _____

3. What language is most often spoken in the student's home?
 English _____ Other _____

4. In what language do parents prefer that communication comes home?
 English _____ Other _____

5. Has the student been in the care of a person that speaks another language?
 English _____ Other _____

Dates Attended	Reason
<i>Migrant Eligibility</i>	
If you have moved and/or changed jobs in the last 3 years, did you LOOK FOR or GET any of the following jobs listed below?	
<input type="checkbox"/> Farming (crops, catfish, chickens, Christmas trees, sod, etc.) <input type="checkbox"/> Trees (cutting, planting, and/or cultivating) <input type="checkbox"/> Commercial Fishing <input type="checkbox"/> Processing Crops (ginning, meat processing, meat packing, or canning in a plant)	

Military Service: Does parent/guardian serve in military, National Guard, or Reserves? Yes No

Immigrant Children and Youth Eligibility Do you have children 3-21 who where not born in the stae and have not been attending one or more schools in any one or more states more than 3 full academic years? Yes No

Homeless Eligibility

Please check the appropriate answer:

1. Does the student lack a fixed, regular and adequate residence, for example: agricultural migrant children, children living on the "streets" (i.e. tents, vehicles, etc)? Yes No

2. Does the student have a primary nighttime residence in a supervised or rivately operated shelter, for example: children who have been abused and/or neglecte, children of domestic violence, welfare hotels, transitional housing? Yes No

3. Is the student temporarily staying with relatives or friends because of loss of job, other income loss, housing loss ("doubled up" families or affidavit)? Yes No

Excluded fom th definition of homeless: "any individual imprisoned or otherwise detained pursuant to an Act of Congress or a state law."

Emergency Contacts

Please list 4 additional Emergency Contacts (Other than Parent/Guardian)

1. Name _____	3. Name _____
Relationship to Student _____	Relationship to Student _____
Address _____	Address _____
Home Phone _____ Work Phone _____	Home Phone _____ Work Phone _____
Cell Phone _____	Cell Phone _____
2. Name _____	4. Name _____
Relationship to Student _____	Relationship to Student _____
Address _____	Address _____
Home Phone _____ Work Phone _____	Home Phone _____ Work Phone _____
Cell Phone _____	Cell Phone _____

I declare m information to be true and I understand that a pupil admitted under falso information is not legally enrolled and will be withdrawn immediately following verification of information. I also will not hold the school district financially responsible for emergency care and transportation of said child

Signature _____ Print Name _____ Date _____

The information is true and current. I understand that I am to inform school officials an time legal custody, address, or phone numbers change.

Signature _____ Print Name _____ Date _____