Parker School District 60-4 Student Registration IMPORTANT:
Please complete all information on both sides (For School Use Only)

Enrollment Date:_____ **Grade:**_____

Student Name_____**Nickname:**_____
Last(legal) First(legal) Middle(legal)

Gender:__**female**__**male** **Birth date:**_____**Place of Birth:**_____

Mailing Address:_____

Home Address: (if different than Mailing)_____

REQUIRED ETHNICITY REPORTING: (To meet Federal requirements, answer BOTH Questions)

1) **Are you Hispanic or Latino?** ____No, not Hispanic or Latino ____ Yes, Hispanic or Latino (A person of Mexican, Puerto Rican, Cuba, South or Central American, or other Spanish culture or origin, regardless of race.)
2) **What is your race?** (Regardless of how you answered the first question, **choose one or more**).
   ____**Am. Indian or Alaska Native** (origins in any of the original peoples of North and South America, including Central American, and who maintains tribal affiliation or community attachment)
   ____**Asian** (origins in any of the original peoples of the Far East, Southeast Asia, or the India subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines, Thailand, and Vietnam)
   ____**Black or African American** (origins in any of the black racial groups of Africa)
   ____**Native Hawaiian, Other Pacific Islander** (origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
   ____**White** (origins in any of the original peoples of Europe, Middle East, or North Africa)

Language Survey (To Meet State requirements, all questions must be answered):

1) What is the language most frequently spoken at home? _____
2) Which language did your child learn when he/she first began to talk? _____
3) What language does your child most frequently speak at home? _____
4) What language do you most frequently speak to your child? _____

Student lives with: Both Parents ( ) Mother ( ) Father ( ) Other:_____
Request duplicate mailings for non-custodial parent: yes( ) no ( ) If yes, provide Address_____
_____

Mother's Name_____**Home Address (if different)**_____

Home Phone: _____ **Cell Phone:** _____ **e-mail:**_____

Employer: _____ **Work phone:** _____

Father's Name_____ **Home Address (if different)** _____

Home Phone:_____ **Cell Phone:**_____**e-mail:**_____

Employer:_____ **Work phone:** _____

Guardian Name_____ **Home Address:** _____

Home phone: _____**Employer:** _____**Work Phone:**_____

Emergency Contact: _____ **Phone:** _____

Family Doctor: _____ Phone: _____
Prescription Medication: No ( ) Yes ( ) _____
Any Allergies? _____
Any medical concerns that the school should be aware of? _____

Last School Attended: _____ Dates Attended _____ To _____
(MM/YY) (MM/YY)
Address: _____

Has your student been on an IEP/504 or been tested for special services? _____ Yes _____ No
If yes, is he/she currently receiving special services? _____Yes _____ No
Has your student ever attended Parker School before? _____ Yes _____ No
Are you a resident of this school district? _____ Yes _____ No Open Enrollment Approval Date_____

To meet State/Federal requirements, the following sections must be completed:
Current Home Address: _____

1. Is your current address a temporary living arrangement? _____ Yes _____ No
2. If yes, is this temporary living arrangement due to loss of housing or economic hardship?
_____ Yes _____ No

Migrant Worker Information:
Did you move to Parker to seek or obtain agricultural-related employment?
_____ Yes _____ No
(If yes, please complete a Certificate of Eligibility form provided by the school office.)

Is there a court order that restricts either parent from contact with the student or access to student records?
_____ Yes _____ No

If such a court order exists, it is the Parent's/Guardian's responsibility to provide a copy of this court order to the school. It must be on file in the school office.

Other children in family: _____ Age_____ DOB _____
_____ Age_____ DOB _____
_____ Age_____ DOB _____
_____ Age_____ DOB _____
_____ Age_____ DOB _____

I verify that the information provided on this form is accurate and current, and that I am the legal parent/guardian of the student.

X_____
Signature of Parent/Guardian

_____
Date