



Divide County School District #1
106 1st St NE, PO Box G Crosby, ND 58730
New Student Registration Form

Office Use Only:

__ Birth Certificate
__ Immunizations
__ Updated Immunizations
__ Transfer File
__ IEP
__ K Screening

Registration Date _____ Grade _____
Student's Legal Name _____
Last Name First Name Middle Name
Preferred Name _____ Home Phone # (____) _____
Sex: ☐ M ☐ F Date of Birth ____/____/____ Birthplace _____
Month Date Year City and State

Home Address

Physical/Street Address _____
PO Box _____ County _____
City _____ State _____ Zip Code _____

Ethnicity - Please Check:

☐ African American ☐ Caucasian
☐ American Indian/Alaskan Native ☐ Asian
☐ Native Hawaiian/Pacific Islander ☐ Other

Is child Hispanic/Latino: ☐ Yes ☐ No

Did the child ever attend school in this district? Yes No
Which School? _____ Which Grades? _____

Who has legal custody of the child?

☐ Both Parents ☐ Mother ☐ Father ☐ Child Care Agency
☐ Guardian ☐ Other _____

Adults who reside with the child at home address:

☐ Mother ☐ Father ☐ Step-Mother ☐ Step-Father
☐ Grandma ☐ Grandpa ☐ Other _____

Type of residence:

☐ House ☐ Apartment ☐ Motel/Hotel ☐ Campsite/Camping Trailer ☐ Other _____

Was the child in any of the following programs at his/her previous school?

Check all that apply: ☐ Title 1 ☐ 504
☐ Speech/Language ☐ IEP-Individual Education Plan
☐ ELL-English Language Learner

Father

Name _____
Mailing Address _____

Employment _____
Home Phone#(____) _____
Cell Phone#(____) _____
Work Phone#(____) _____
Email: _____

Mother

Name _____
Mailing Address _____

Employment _____
Home Phone#(____) _____
Cell Phone#(____) _____
Work Phone#(____) _____
Email: _____

Step-Parent/Guardian

Name _____
Mailing Address _____

Employment _____
Home Phone#(____) _____
Cell Phone#(____) _____
Work Phone#(____) _____
Email: _____

For Rural Students – Please provide the name and phone number of a winter storm home.

Name: _____ Home Phone #(____) _____ Cell Phone #(____) _____

Home Language Survey:

Is English the primary language of the child? Yes No If no, what is the primary language? _____
What language(s) did your child first learn? _____
What is the parents primary language? _____
List other languages your child might use with a different family member or caretaker. _____

Has your child ever been in English as a Second Language (ESL or ELL) Program? Yes No
Do we have permission to assess your child to determine if services are required? Yes No
If your child has gone to school outside the US: Which country? _____
Which language was used? _____ Which grades? _____

Health/Medical/Emergency Information

Emergency contacts other than Parent/Guardian – do not need to be local.

1 st Emergency Contact	2 nd Emergency Contact	3 rd Emergency Contact
Name_____	Name_____	Name_____
Home Phone#(____)_____	Home Phone#(____)_____	Home Phone#(____)_____
Cell Phone#(____)_____	Cell Phone#(____)_____	Cell Phone#(____)_____
Relationship_____	Relationship_____	Relationship_____

Health Information – check all that apply:

- ☐ No known health problems ☐ Glasses/Contacts ☐ Hearing Aids ☐ Ear Tubes
- ☐ Frequent Ear Infections ☐ Seizures/Epilepsy ☐ (Medication Required)
- ☐ Life Threatening Allergies (please list)_____
- ☐ Allergies (please list)_____
- ☐ Student requires an Epi-Pen at school? ☐ Yes ☐ No
- ☐ Asthma ☐ (Inhaler Dependent) ☐ Student requires rescue inhaler at school? Yes No
- ☐ Diabetic ☐ (Insulin Dependent)
- ☐ Medications (please list)_____
- ☐ Student needs to take medication at school? ☐ Yes ☐ No If yes, fill out medication consent form.

Student has a medical condition the school should be aware of? ☐ Yes ☐ No

If yes, please explain:_____

Physician Name:_____ **Phone #**_____

Dentist Name:_____ **Phone #**_____

Permission to pick child up from school. Please provide name and phone numbers for authorized individuals.

Name:_____	Phone #_____
Name:_____	Phone #_____
Name:_____	Phone #_____
Name:_____	Phone #_____

Release of Student Information & Photo Release “Opt Out”

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. Parents and eligible students have a right to opt out of the inclusion of information about the student as directory information, photo/image, and student work. If you wish to opt out, you must check the box(es) below. This election is good for the remainder of the time the student is enrolled in Divide County School District.

Please check all that apply: More information on FERPA is available in your registration packet.

☐ Please DO NOT include my child’s information in DIRECTORY INFORMATION that may be released without my consent. Including but not limited to:

YEARBOOKS BROCHURES NEWSLETTERS AWARDS ATHLETIC FLYERS

☐ Please DO NOT release my child’s PHOTO/IMAGE to outside media. Including, but not limited to:

FACEBOOK TWITTER

☐ Please DO NOT release my child’s information to the ARMED FORCES.

☐ Please DO NOT release my child’s PHOTO/IMAGE and/or STUDENT WORK in your school or on it’s website.