



## STUDENT REGISTRATION FORM

Student Information				
<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>
<b>Preferred Name</b>		<b>Social Security Number</b>		<b>Date of Birth</b>
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	

Residential Information				
<b>Street Address</b>		<b>City</b>	<b>Subdivision/Apartment</b>	<b>Housing Status</b>
				<input type="checkbox"/> Own <input type="checkbox"/> Lease If leasing, lease expires:
<b>Mailing Address</b> (if different from street address)				

Parent/ Guardian Information			
<b>Parent/Guardian #1</b>		<b>Relationship to Student</b>	
<b>Place of Employment</b>		<b>Occupation</b>	
<b>Cell Phone</b>	<b>Home Phone</b>	<b>Work Phone</b>	
<b>What Number Would You Like to Receive Automated Calling and Notifications From?</b>		<input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone	
<b>Email Address</b>			
<b>Address, if different from student</b>			

<b>Parent/Guardian #2</b>		<b>Relationship to student</b>	
<b>Place of Employment</b>		<b>Occupation</b>	
<b>Cell Phone</b>	<b>Home Phone</b>	<b>Work Phone</b>	
<b>What Number Would You Like to Receive Automated Calling and Notifications From?</b>		<input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone	
<b>Email Address</b>			
<b>Address, if different from student</b>			

<b>Student Lives with</b>	<input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other:
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Siblings			
<b>Name</b>	<b>Date of Birth</b>	<b>Grade</b>	<b>School</b>

Emergency Contacts (Authorized to pick up student if parents/guardians are unavailable)		
Name	Relationship	Phone Number
Are there any legal or custody issues we need to be aware of?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Prior Educational Experience for Incoming Kindergartner Students Survey		
Did your child participate in a 4-year-old preschool program?		<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please complete the information below)
Preschool Name		Preschool Address
Type of Preschool Program	<input type="checkbox"/> Licensed Child Care Center	<input type="checkbox"/> Family/ Friend Care <input type="checkbox"/> Head Start <input type="checkbox"/> Home <input type="checkbox"/> Pre-K Public <input type="checkbox"/> Pre-K Private <small>(Private provider with a small group of students, not a licensed childcare center)</small>

Child Services Survey		
<input type="checkbox"/> My child has not received special services <input type="checkbox"/> My child received special services from our previous school <input type="checkbox"/> My child currently has an IEP from our previous school (Please attach a copy of the IEP to this page)		
<i>The ruling for my child is in the following area(s):</i>		
<input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Speech <input type="checkbox"/> Resource <input type="checkbox"/> Specific Learning Disability _____ <input type="checkbox"/> Other (please specify) _____		
<b>If you do not have a copy of the IEP please fill out the information below.</b>		
Previous School Name	School Address	City, State
Contact Person at School		
Phone Number & Email		

Person Who Completed Form	
Print Parent/Guardian Name _____	Signature _____
Date Signed _____	