



REDFIELD PUBLIC SCHOOL REGISTRATION FORM – Enrollment Date _____

Student's Name: _____ Gender: _____ Male _____ Female

Date of Birth: _____ Grade Level: _____ Social Security #: _____

Address: _____
Street City State/Zip

Student lives with: Both Parents _____ Mother _____ Father _____ Guardian _____ Other _____

Mother/Guardian Name _____

Address (if different from student): _____ Home Phone # _____

Place of Employment _____ Work Phone # _____ Cell Phone # _____

Email address: _____

Father/Guardian Name: _____

Address (if different from student): _____ Home Phone # _____

Place of Employment _____ Work Phone # _____ Cell Phone # _____

Email address: _____

Race and Ethnicity:

1. Is this student Hispanic or Latino? (*Choose only one*)
 - ☐ **No**, not Hispanic or Latino
 - ☐ **Yes**, Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South Central America or other Spanish culture or origin, regardless of race).
2. What is the student's race (*Regardless of how you answered the first question, choose one or more*)
 - ☐ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment).
 - ☐ **Asian** (A person having origins in any of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).
 - ☐ **Black or African American** (A person having origins in any of the black racial groups of Africa.)
 - ☐ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Island).
 - ☐ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa).

What is the language most frequently spoken at home? _____

What language did your child learn when he/she first began to talk? _____

Which language does your child most frequently speak at home? _____

Which language do you most frequently speak to your child? _____

Parent Preferences: In what language would you prefer to get information from the school? _____

Did your family move to our district for ag related work? **YES** _____ **NO** _____

Shared or Non-Custodial Information – for Parents/Guardians who have a different address & phone number as listed above for the student.

Parent/Guardian Contact:

Name: _____ Relationship _____ Email: _____

Cell Phone # _____ Employer: _____ Work Phone: _____

Do we need to mail separate report cards, etc. to this parent? **YES** _____ **NO** _____

Mailing address: _____ City, State Zip: _____

Are there legal documents pertaining to custody, protection or other proceedings related to this student? **YES** _____ **NO** _____

(If yes, please attach a copy of court documents.)

Emergency Information

In case of an emergency, we will attempt to contact parent/guardian first. In the event we cannot do this, please provide the name of a relative or close friend that we may contact.

Emergency Contact 1: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact 2: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Special Services

Does your child have an IEP for special education services or a 504 accommodation plan? _____ **YES** _____ **NO**

Does your child have any special needs or health problems? _____ **YES** _____ **NO** if so, please briefly describe:

In case of accident or serious illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements deemed necessary in getting medical assistance for my child.

Parent/Guardian Signature

Date

Physician's Name: _____ **Clinic Name** _____

Phone #: _____

Verification

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

PRINTED Name of Parent/Guardian _____

For Office Use Only

Student Name _____

Birth Certificate _____ **Contact #** _____

Bus Route # _____

Date Enrolled _____ **Records Requested** _____ **Rec'd** _____

Walk _____ **Day Care** _____ **Transit Bus** _____