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Registration/ Enrollment Information

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Home Phone: _____
Grade: _____
City: _____ ST: _____ ZIP: _____

Date of Birth: _____ Gender: _____ Current Age: _____
Place of Birth: _____ State: _____ Birth Certificate? Y N

Identify the ethnicity and race of the individual by answering BOTH questions.

Part 1.

Is the individual Hispanic or Latino? (Choose only one)

- No, not Hispanic or Latino
Yes, Hispanic or Latino

(A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

Part 2.

What is the individual's race? (Choose one or more races below)

- American Indian or Alaska Native
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
White

Primary Language Spoken in Home: _____

Number of Brothers: _____ Ages: _____ Number of Sisters: _____ Ages: _____

Father: _____ Place of Employment: _____

Mailing Address, City, State, Zip (if different than student): _____

Home Phone: _____ Day Phone: _____ Has Custody? Y N

Mother: _____ Place of Employment: _____

Mailing Address, City, State, Zip (if different than student): _____

Home Phone: _____ Day Phone: _____ Has Custody? Y N

Other Live-in Adult: _____ Place of Employment: _____

Home Phone: _____ Day Phone: _____ Relationship: _____

Has Custody? Y N Parent/Guardian E-Mail Address: _____

Please number the following in order of desired contact: Mother Father Adult (1) Adult(2) Adult (3)

Please list three (3) adult contacts, in order of desired contact, to be called if parent/guardian cannot be reached:

Adult (1): _____ Relationship: _____ Day Phone: _____

Adult (2): _____ Relationship: _____ Day Phone: _____

Adult (3): _____ Relationship: _____ Day Phone: _____

Physician Name: _____ Physician Phone: _____

Does this student qualify for Special Ed? Y N Has your student ever qualified for Title I? Y N

Does this student take medication for any disorder? _____ If medication is necessary during school hours for the well being of this student, the child's physician must give the school a prescription and sign a school medical authorization form and the parent/guardian must sign a school medical authorization form.

Legal Alert

Is anyone legally barred from contacting this student? Y N Court Documentation & physical description must be provided to the school office.

Who? _____ Relationship to student: _____

Today's Date:

Parent/Guardian Signature: _____



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