

STUDENT REGISTRATION FORM

School Name: _____ Today's Date: _____

PLEASE COMPLETE THE FOLLOWING INFORMATION

Student Last Name (goes by)	First Name	Middle Name	Legal Last Name	Present Grade	Sex
Social Security No. (OPTIONAL)*	Birthdate	Birthplace		Home Phone () Check if unlisted _____	
Ethnic Category: (Check One) ___ I-American Indian ___ B-Black ___ A-Asian ___ W-White ___ H-Hispanic			Home Language		
			Date your student first attended a school in the USA (Mo/Yr).		

PRIMARY HOUSEHOLD INFORMATION: Name(s) of person(s) **WITH WHOM STUDENT IS LIVING.**
 Use page 2 to supply information concerning other parent(s) and/or guardian(s)

Last Name	First Name	Work Place/City	Work Phone () Cell Phone:	Ext.
Last Name	First Name	Work Place/City	Work Phone () Cell Phone:	Ext.
Parent/Guardian Mailing Address			City	Zip
Parent/Guardian Street Address (if different than above)			City	Zip

CIRCLE THE GRADE LEVEL BELOW OF OTHER CHILDREN IN THE HOME

PRE-KINDGN KDGN 1 2 3 4 5 6 7 8 9 10 11 12

EMERGENCY INFORMATION: List two local persons (other than yourself) usually available during the school day who have agreed to care for and provide transportation for your student if he/she becomes ill or injured and you cannot be reached. We attempt to contact parents first.

Name	Relationship to Student	Address	Daytime Phone	Ext.
Name	Relationship to Student	Address	Daytime Phone	Ext.

CHILD CARE INFORMATION:	Circle Specific Days:	Check Appropriate Line:
Name _____	Mon. Tues. Wed. Thurs. Fri.	___ Before and After School
Address _____	Phone: _____	___ Before School Only
Contact Person _____		___ After School Only

Enter the name of your family physician who may be contacted by school staff member when parent cannot be reached, and medical assistance is indicated. Please note that when Fire Department Medical Unit responds they will contact available emergency room physician who may in turn contact your family physician. If you have no family doctor, you can state any local physician.

Family Doctor	Phone Number	Ext.
Family Dentist	Phone Number	Ext.

* Disclosure of a student's social security number is voluntary. The number is used as a student identifier. It will be used solely for state and local statistical purposes.

OVER PLEASE

Student Name: _____

SECOND HOUSEHOLD INFORMATION: Name of Parent(s) and/or Guardian(s) OTHER than those listed under Primary Household Information.

Last Name	First Name	Relationship to Student	Work Place/City	Phone No.	Ext.
Last Name	First Name	Relationship to Student	Work Place/City	Phone No.	Ext.

Home Phone _____ Check if Unlisted _____
 Should school mailings be sent to this household also? Yes No

Parent/Guardian Mailing Address _____ City _____ State _____ Zip _____

Parent/Guardian Street Address _____ City _____ State _____ Zip _____

Any Additional Arrangements: _____

CIRCLE THE GRADE LEVEL BELOW OF OTHER CHILDREN IN THE HOME

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PREVIOUS SCHOOL INFORMATION:

Has the student previously graduated from another high school? Yes No
 If yes, Name of School _____ Address _____
 Number of previous schools attended _____

Last School Attended	Grade	Address of Former School, City, State, Zip
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Has your child ever attended the _____ School District before? Yes No
 If yes: School Attended _____ Year(s) Attended _____

SPECIAL PROGRAM INFORMATION:

Does your child receive Special Education services and/or have an IEP? Yes No
 Does your child receive Gifted/Talented services or have a Gifted IEP? Yes No
 Does your child have a Section 504 Plan? Yes No
 Has your child ever been identified as an English Learner? Yes No
 Has your child ever participated in any other special program? Yes No
 If yes, please specify _____

RESIDENCY VERIFICATION: The residency information provided on this form is true and accurate as of this date. I understand that falsification of an address or the use of any other fraudulent means to achieve an enrollment or assignment shall be cause for revocation of the student's enrollment and assignment to the school serving the home attendance area.

Signature of Parent/Guardian _____ Date _____

OFFICE USE ONLY

Student ID#	Dist Stu #	School Entry Date	Entry Code	Att. Code	F.T.E.
Faculty #	Room #	Faculty Name			Birth Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No
Placement Reason	AM bus Route	AM Bus Stop	PM Bus Route	PM Bus Stop	Records Requested:

FOMU YA USAJILI WA MWANAFUNZI

Jina la Shule: _____ Tarehe ya Leo: _____

TAFADHALI KAMILISHA MAELEZO YAFUATAYO

Jina la Mwisho la	Jina la	Jina la	Jina la Mwisho la	Gredi ya Sasa:	Jins
Nambari ya Ruzuku ya Serikali	Tarehe ya	Mahali pa	Simu ya Nyumbani Tia alama kama		

MAELEZO MSINGI YA FAMILIA: Majina ya watu **AMBAO MWANAFUNZI ANAISHI NAO**
Tumia ukurasa wa 2 kutoa maelezo kuhusu wazazi na/au walezi wengine)

Jina la	Jina la	Mahali pa	Simu ya () Simu ya Mkononi:	Kie
Jina la	Jina la	Mahali pa	() Simu ya	Kie
Anwani ya Barua ya			Jiji	Zip
Anwani ya Mtaa ya Mzazi/Mlezi (ikiwa ni tofauti na			Jiji	Zip

WEKA MVIRINGO KWA KIWANGO CHA GREDE HAPA CHINI CHA

KABLA YA SHUL 1 2 3 4 5 6 7 8 9 10 11 12

MAELEZO YA DHARURA: Orodhesha watu wawili wa eneo lako (isipokuwa wewe) wanaopatikana wakati wa siku ya shule ambao wamekubali kutunza na kutoa usafiri kwa mwanafunzi wako akiwa mgonjwa au amejeruhiwa na huwezi kufikiwa. Huwa tunajaribu kuwasiliana na wazazi kwanza.

Jina	Uhusiano na Mwanafunzi	Anwani Anwani	Simu ya
Jina	Uhusiano na Mwanafunzi		Mchana Simu
			ya Mchana

MAELEZO YA UTUNZAJI WA MTOTO:

Weka Mviringo Siku Maalum:

Tia Alama kwenye Mstari Unaofaa:

Jina _____

Jumatatu Jumatano Jumatano Alhamisi

___ Kabla na Baada ya Shule

Anwani _____

Ijumaa

___ Kabla ya Shule Pekee

Mtu wa Kuwasiliana Naye: _____

Simu: _____

___ Baada ya Shule Pekee

Andika jina la daktari wako wa familia ambaye anaweza kufikiwa na mfanyakazi wa shule wakati mzazi hawezi kupatikana, na usaidizi wa matibabu umeonyeshwa. Tafadhali kumbuka kuwa Kitengo cha Matibabu cha Idara ya Zimamoto kinapojibu, watawasiliana na daktari anayepatikana wa chumba cha dharura ambaye naye anaweza kuwasiliana na daktari wako wa familia. Ikiwa huna daktari wa familia, unaweza kumwambia daktari yeyote wa mtaa.

Daktari wa	Nambari ya	Kie
Daktari wa	Nambari ya	Kie

* Ufichuzi wa nambari ya ruzuku ya serikali ya mwanafunzi ni wa hiari. Nambari hiyo hutumika kama kitambulisho cha mwanafunzi. Itatumika kwa madhumuni ya takwimu ya jimbo na mtaa pekee.

PINDUA TAFADHALI

Jina la Mwanafunzi: _____

Usajili wa Mwanafunzi ukurasa wa 2

MAELEZO PILI A FAMILIA: Jina la Mzazi na/au Mlezi ISIPOKUWA walioorodheshwa chini ya Maelezo Msingi ya Familia.

Jina la	Jina la	Uhusiano na Mwanafunzi	Mahali pa	Nambari ya	Kie
Jina la	Jina la	Uhusiano na Mwanafunzi	Mahali pa	Nambari ya	Kie
Simu ya	Tia Alama kama	Je, barua za shule zinapaswa kutumwa kwa familia a hii pia?		Ndiyo	La _____
Anwani ya Barua ya Mzazi/Mlezi			Jiji	Jimb	Zip
Anwani ya Mtaa ya Mzazi/Mlezi			Jiji	Jimb	Zip

Mipango Yoyote ya Ziada:

WEKA MVIRINGO KWA KIWANGO CHA GREDE HAPA CHINI CHA WATOTO WENGINE NYUMBANI

PRE-KINDGN KDGN 1 2 3 4 5 6 7 8 9 10 11 12

MAELEZO YA SHULE YA AWALI:

Je, mwanafunzi amehitimu kutoka shule nyingine ya upili hapo awali? _____ Ndiyo _____ La
 Ikiwa ni ndiyo, Jina la Shule _____ Anwani _____
 Idadi ya shule za awali ambazo walihudhuria _____

Shule ya Mwisho	Gredi	Anwani ya Shule ya Zamani, Jiji, Jimbo,
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Je, mtoto wako amewahi kuhudhuria _____ Wilaya ya Shule hapo awali? _____ Ndiyo _____ La
 Ikiwa ndiyo: Shule Alizohudhuria _____ Miaka Aliyohudhuria _____

MAELEZO YA MPANGO MAALUM:

Je, mtoto wako anapata huduma za Elimu Maalum na/au ana IEP? _____ Ndiyo _____ La
 Je, mtoto wako anapokea huduma za Walio na Vipawa/Vipaji au ana IEP ya Walio na Vipawa? _____ Ndiyo _____ La
 Je, mtoto wako ana Mpango wa Sehemu ya 504? _____ Ndiyo _____ La
 Je, mtoto wako amewahi kutambuliwa kama Mwanafunzi wa Kiingereza? _____ Ndiyo _____ La
 Je, mtoto wako amewahi kushiriki katika mpango wowote maalum? _____ Ndiyo _____ La
 Kama ndiyo, tafadhali elezea _____

UTHIBITISHAJI MAKAZI: Maelezo ya makazi yaliyotolewa kwenye fomu hii ni ya kweli na sahihi kuanzia tarehe hii. Ninaelewa kuwa ughushi wa anwani au matumizi ya njia nyingine yoyote ya ulaghai ili kufikia uandikishaji au uteuzi itakuwa sababu ya kubatilisha uandikishaji na uteuzi wa mwanafunzi katika shule ya nyumbani ambayo atahudhuria.

Saini ya Mzazi/Mlezi _____ Tarehe _____

MATUMIZI YA OFISI PEKEE

		Tarehe ya Kuingia	Msimbo	Msimbo	F.T.E.
Nambari	Nambar	Jina la Kitivo			Cheti cha Kuzaliwa _____ Ndiyo _____ La
Sababu ya	Njia ya basi	Kituo cha	Njia za Basi	Kituo cha	Rekodi Zilizozombwa:

