

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

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

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:

学生登记表

学校名称:

日期:

请填写以下信息

学生的姓 (常用)	名	中间名	法定的姓	当前年级	性别
社会保障编号 (可选) *	出生日期	出生地		家庭电话 () 未列出则打勾	
种族类别: (勾选一项) _____ 1-美洲印第安人 B-黑人 A-亚洲人 W-白人 H-西班牙人 (美洲)					
家庭语言			你的学生第一次在美国上学的日期 (月/年)		

家庭主要信息:

与学生一同生活的人员姓名

使用第2页提供与其他家长和/或监护人有关的信息

姓	名	工作地点/城市	工作电话 () 手机:	分机									
姓	名	工作地点/城市	工作电话 () 手机:	分机									
家长/监护人邮寄地址		城市	邮编										
家长/监护人街道地址 (若不同于上文)		城市	邮编										
请在下文圈出家中其他孩子所处的年级													
学龄前	幼儿园	1	2	3	4	5	6	7	8	9	10	11	12

应急信息:

列出通常在教学日可以联系到的两位当地人士 (您本人除外), 并且二人同意在您的学生生病或受伤却无法联系到您时, 照顾孩子并提供交通。我们会首先尝试联系家长。

姓名	与学生的关系	地址	日间电话	分机
姓名	与学生的关系	地址	日间电话	分机
儿童照护信息:		圈选具体日期:	勾选适当的一项:	
姓名		星期一 星期二 星期三 星期四 星期五	上学前和放学后	
地址		电话:	仅上学前	
联系人			仅放学后	

输入您的家庭医生的姓名, 以便当无法联系到家长, 需要医疗援助时, 学校工作人员可与之联系。

请注意: 当消防部门的医疗队行动时, 他们将联系现有的急诊室医生, 而急诊室医生又可能联系您的家庭医生。

如果您没有家庭医生, 您可以列出任何当地医生。

家庭医生	电话号码	分机
家庭牙医	电话号码	分机

* 学生的社会保障编号为自愿披露。该编号作为学生的识别号码使用, 仅用于州和当地的统计目的。

