

Buffalo-Hanover-Montrose Schools #877

STUDENT REGISTRATION FORM

| FOR OFFICE USE ONLY | |
|--|-----------------|
| School Name: | Teacher: |
| Student #: | Effective Date: |
| Transportation: <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> E <input type="checkbox"/> OE Bus # | |

Please print and fill out this form completely:

| | | | |
|--|---|---|-------------------------|
| Student LAST Name (Legal) | Student FIRST Name (Legal) | Student Middle Name(Full) | Grade Enrolling In |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Student Address | | Gender | Birth Date (MM/DD/YYYY) |
| <input type="text"/> | | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="text"/> |
| Street (Apt. #) | City | State | Zip Code |
| Home Phone number (10 digit) | (High School Only) Student Cell Phone Number | | |
| <input type="text"/> | Unlisted <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Does the student receive any other services? Special Ed <input type="checkbox"/> ESL/ELD <input type="checkbox"/> 504 Plan <input type="checkbox"/> Title 1 <input type="checkbox"/> Gifted <input type="checkbox"/> | | | |
| Please explain: <input type="text"/> | | | |
| Has this child ever attended school in our District? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Military Compact | |
| If yes when? <input type="text"/> | | <input type="checkbox"/> Military-connected youth | |

Student's PRIMARY Household

All information and mailings will be sent to the primary household

Note: Please notify the school office and provide legal documentation if there is a custodial issue.

| | | | |
|--|-----------------------|--|----------------------|
| Student lives with: | Address | | |
| <input type="checkbox"/> Mother | <input type="text"/> | | |
| <input type="checkbox"/> Father | City | State | Zip Code |
| <input type="checkbox"/> Step-Parent | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Foster Family | County | Resident School District | |
| <input type="checkbox"/> Relative (Please list): | <input type="text"/> | <input type="text"/> | |
| <input type="checkbox"/> Other (Please list): | Home Phone (10 digit) | Is Home Phone a Cell Phone? | |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| Primary Parent/Guardian Information | | Primary Parent/Guardian Information | |
|-------------------------------------|-----------------------|---|-----------------------|
| Name | <input type="text"/> | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Work Phone (10 digit) | Cell Phone (10 digit) | Work Phone (10 digit) | Cell Phone (10 digit) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| E-Mail Address | | E-Mail Address | |
| <input type="text"/> | | <input type="text"/> | |

Student's SECONDARY Household (If applicable)

All information and mailings will be sent to the secondary household

Note: Request that school information NOT be sent to this household, legal documentation is required.

| | | | |
|---|-----------------------|--|----------------------|
| <input type="checkbox"/> Mother | Address | | |
| <input type="checkbox"/> Father | <input type="text"/> | | |
| <input type="checkbox"/> Other (Please list): | City | State | Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | County | Resident School District | |
| | <input type="text"/> | <input type="text"/> | |
| | Home Phone (10 digit) | Is Home Phone a Cell Phone? | |
| | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| Secondary Parent/Guardian Information | | Secondary Parent/Guardian Information | |
|---------------------------------------|-----------------------|---|-----------------------|
| Name | <input type="text"/> | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Work Phone (10 digit) | Cell Phone (10 digit) | Work Phone (10 digit) | Cell Phone (10 digit) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| E-Mail Address | | E-Mail Address | |
| <input type="text"/> | | <input type="text"/> | |

Please Complete Both Sides



| | | |
|---|--|--|
| Student LAST Name (Legal) <input type="text"/> | Student FIRST Name (Legal) <input type="text"/> | Student Middle Name (Full) <input type="text"/> |
|---|--|--|

Census
Please list children in student's household

| Full Legal Name | Birth Date (mm/dd/yy) | Gender | Relationship to Student | Grade | School (if attending) |
|----------------------|-----------------------|--|-------------------------|----------------------|-----------------------|
| <input type="text"/> | <input type="text"/> | <input type="radio"/> Male <input type="radio"/> Female | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="radio"/> Male <input type="radio"/> Female | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="radio"/> Male <input type="radio"/> Female | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="radio"/> Male <input type="radio"/> Female | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="radio"/> Male <input type="radio"/> Female | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Previous Enrollments (List the most recent first)

| Name of School | City and State | Grade Enrolled | School Phone or Fax (if known) |
|----------------------|----------------------|----------------------|--------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Student Ethnicity - Due to differences in State and Federal reporting guidelines, it is necessary to make selection(s) in all three sections below

| | |
|---|---|
| <p>For Federal reporting, check <u>one</u>:</p> <p><input type="checkbox"/> Not of Hispanic Origin <input type="checkbox"/> Hispanic or Latino</p> <p>For Federal reporting, check <u>all</u> that apply. (Must check one.)</p> <p><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White</p> | <p>For State reporting, check <u>one</u>:</p> <p><input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Other Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> White, not of Hispanic origin</p> |
|---|---|

Have you moved to this district within the last 36 months for temporary or seasonal agricultural work? Yes No

Home Language Questionnaire

First language used by student

Language usually used in home

Language usually used by student

Can an adult in the home read English Yes No If no, what language can be read?

Data provided on this registration form will be used by personnel in the Buffalo-Hanover-Montrose Schools to identify the student and family for school placement, open enrollment, and transportation. You are not required to respond to all requests for information on this form; however, be advised that incomplete information may limit the ability of the Buffalo-Hanover-Montrose Schools to fully provide educational services.

I certify the information given above is true and complete to the best of my knowledge.

| | | |
|---------------------------|------------------------------|------|
| Parent/Guardian Signature | Parent/Guardian Printed Name | Date |
|---------------------------|------------------------------|------|