



Student Registration Form

For Office Use Only R	
School Name:	Teacher:
Student#:	Effective Date:
Transportation: <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> E <input type="checkbox"/> OE Bus#:	

Student Legal LAST Name	Student Legal FIRST Name	Student Full MIDDLE Name	D.O.B (mm/dd/yyyy)
Has this child ever attended school in our district?		Military Connected Youth?	Gender
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> M
<input type="checkbox"/> Yes If yes, When:	<input type="checkbox"/> No		<input type="checkbox"/> F
Does the student receive any other services?		<input type="checkbox"/> Special Ed	<input type="checkbox"/> ESL/ELD
		<input type="checkbox"/> 504 Plan	<input type="checkbox"/> Title 1
		<input type="checkbox"/> Gifted	

Please Explain: _____

Schools are required to complete bus safety training annually. Please check this box if your child **DID NOT** receive training this year:

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 (check ALL that apply):		Address			
<input type="checkbox"/> Mother	<input type="checkbox"/> Step-Parent	City	State	Zip	
<input type="checkbox"/> Father	<input type="checkbox"/> Foster Family	Home Phone			
<input type="checkbox"/> Relative/Other (Please List):					

Primary Household Parent/Guardian 1			Primary Household Parent/Guardian 2		
Name (Last, First, MI)			Name (Last, First, MI)		
<input type="checkbox"/> M <input type="checkbox"/> F	Email		<input type="checkbox"/> M <input type="checkbox"/> F	Email	
	Cell Phone			Cell Phone	
	Work Phone			Work Phone	

Please list all Additional members of the Primary Household (adults and children)

Full Legal Name (Last, First, Middle)	D.O.B (mm/dd/yyyy)	Gender (M or F)	Relationship to Student	Grade	School (If Attending)

STUDENT'S SECONDARY Household

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

Student lives with (check ALL that apply):		Address			
<input type="checkbox"/> Mother	<input type="checkbox"/> Step-Parent	City	State	Zip	
<input type="checkbox"/> Father	<input type="checkbox"/> Foster Family	Home Phone			
<input type="checkbox"/> Relative/Other (Please List):					

Secondary Household Parent/Guardian 1			Secondary Household Parent/Guardian 2		
Name (Last, First, MI)			Name (Last, First, MI)		
<input type="checkbox"/> M <input type="checkbox"/> F	Email		<input type="checkbox"/> M <input type="checkbox"/> F	Email	
	Cell Phone			Cell Phone	
	Work Phone			Work Phone	

Please Complete Both Sides →

Please list all Additional members of the Secondary Household (adults and children)					
Full Legal Name (Last, First, Middle)	D.O.B (mm/dd/yyyy)	Gender (M or F)	Relationship to Student	Grade	School (If Attending)

Student's Previous School Enrollments (list the most recent first)			
*Name of School	City and State	Grade(s)	School Phone or Fax (if known)
*If student is enrolling in grades 9-12, please make sure to list ALL high schools for credit purposes.			

Student's Ethnicity		
Due to differences in State and Federal reporting guidelines, it is necessary to make selection(s) in all three sections below.		
For Federal reporting, check ONE	For Federal reporting, check ALL responses that apply. (Must check ONE)	For State reporting, check ONE
Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African America <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Is the student North American Indian or Alaska Native? <input type="checkbox"/> Yes <input type="checkbox"/> No

Home Language Questionnaire		
	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
My student first learned:	<input type="checkbox"/> Language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> Only English	
My student speaks:	<input type="checkbox"/> Language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> Only English.	
My student understands:	<input type="checkbox"/> Language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> Only English.	
My student has meaningful and consistent exposure to:	<input type="checkbox"/> Language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> Only English.	

Parent/Guardian Signature

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 education 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
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