



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#:	

Student Legal LAST Name	Student Legal FIRST Name	Student Legal MIDDLE Name	DOB (mm/dd/yyyy)
Has this child ever attended school in our district?	Military Connected Youth?	Legal Gender	Grade Enrolling in
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, When:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F	
Does the student receive any other services?	<input type="checkbox"/> Special Ed	<input type="checkbox"/> EL/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: <input type="checkbox"/>			
STUDENT'S PRIMARY Household			
Note: Please notify the school office and provide legal documentation if there is a custodial issue.			
Address	City	State	Zip
Home Phone			
Student lives with (check ALL that apply):			
<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent <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)	
Email		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)	DOB (mm/dd/yyyy)	Relationship to Student	Grade
STUDENT'S SECONDARY Household			
Note: Legal documentation is required if school information should NOT be sent to this household.			
Address	City	State	Zip
Home Phone			
Student lives with (check ALL that apply):			
<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent <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)	
Email		Email	
Cell Phone		Cell Phone	
Work Phone		Work Phone	
Please list all additional members of the Secondary Household (adults and children)			
Full Legal Name (Last, First, Middle)	DOB (mm/dd/yyyy)	Relationship to Student	Grade

Please Complete Both Sides →

Student's Previous School Enrollments (list the most recent first)			
*Name of School	City and State	Grade(s)	School Phone, Email 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.			
1. For Federal reporting, check <u>ONE</u>		2. For Federal reporting, check all responses that apply. (Must check <u>ONE</u>)	
Is the student Hispanic or Latino? <input type="checkbox"/> Yes (please select all that apply) <input type="checkbox"/> <i>Decline to indicate</i> <input type="checkbox"/> <i>Colombian</i> <input type="checkbox"/> <i>Ecuadorian</i> <input type="checkbox"/> <i>Guatemalan</i> <input type="checkbox"/> <i>Mexican</i> <input type="checkbox"/> <i>Puerto Rican</i> <input type="checkbox"/> <i>Salvadoran</i> <input type="checkbox"/> <i>Spaniard/Spanish/Spanish-American</i> <input type="checkbox"/> <i>Other Hispanic/Latino</i> <input type="checkbox"/> <i>Unknown</i> <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	
3. For State reporting, select <u>YES</u> to at least <u>ONE</u> of the following:			
Is the student American Indian or Alaska Native? <input type="checkbox"/> Yes (please select all that apply) <input type="checkbox"/> <i>Decline to indicate</i> <input type="checkbox"/> <i>Cherokee</i> <input type="checkbox"/> <i>Other North American Indian Tribal Affiliation</i> <input type="checkbox"/> <i>Anishinaabe/Ojibwe</i> <input type="checkbox"/> <i>Dakota/Lakota</i> <input type="checkbox"/> <i>Unknown</i> <input type="checkbox"/> No	Is the student Asian? <input type="checkbox"/> Yes (please select all that apply) <input type="checkbox"/> <i>Decline to indicate</i> <input type="checkbox"/> <i>Asian Indian</i> <input type="checkbox"/> <i>Burmese</i> <input type="checkbox"/> <i>Chinese</i> <input type="checkbox"/> <i>Filipino</i> <input type="checkbox"/> <i>Hmong</i> <input type="checkbox"/> <i>Karen</i> <input type="checkbox"/> <i>Korean</i> <input type="checkbox"/> <i>Other Asian</i> <input type="checkbox"/> <i>Vietnamese</i> <input type="checkbox"/> <i>Unknown</i> <input type="checkbox"/> No	Is the student black or African American? <input type="checkbox"/> Yes (please select all that apply) <input type="checkbox"/> <i>Decline to indicate</i> <input type="checkbox"/> <i>African-American</i> <input type="checkbox"/> <i>Ethiopian-Other</i> <input type="checkbox"/> <i>Ethiopian-Oromo</i> <input type="checkbox"/> <i>Liberian</i> <input type="checkbox"/> <i>Nigerian</i> <input type="checkbox"/> <i>Other black</i> <input type="checkbox"/> <i>Somali</i> <input type="checkbox"/> <i>Unknown</i> <input type="checkbox"/> No	
Is the student American Indian from South or Central America? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student Native Hawaiian or Other Pacific Islander? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student white? <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:	
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