



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"/> M	Grade Enrolling in
<input type="checkbox"/> Yes If yes, When:	<input type="checkbox"/> No	<input type="checkbox"/> F	Student Cell Phone
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
Please Explain:		<input type="checkbox"/> Gifted	
Has your child received bus safety training this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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
<input type="checkbox"/> Father	<input type="checkbox"/> Foster Family	Home Phone	Zip
<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	Email	<input type="checkbox"/> M	Email
<input type="checkbox"/> F	Cell Phone	<input type="checkbox"/> F	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
<input type="checkbox"/> Father	<input type="checkbox"/> Foster Family	Home Phone	Zip
<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	Email	<input type="checkbox"/> M	Email
<input type="checkbox"/> F	Cell Phone	<input type="checkbox"/> F	Cell Phone
	Work Phone		Work Phone

Please Complete Both Sides →

