

## New Student Registration Check List

Name \_\_\_\_\_

DOB \_\_\_\_\_

Social Security Number \_\_\_\_\_

Grade \_\_\_\_\_

\_\_\_\_ Registration Documents

\_\_\_\_ Birth Certificate

\_\_\_\_ Official Shot Record

\_\_\_\_ Social Security Card

\_\_\_\_ Parent ID

Parent must present all documents in order for a child to be enrolled.

**(2) Parent/Guardian Information:** Does the student live with this guardian? Yes No

\_\_\_\_\_  
(First) (Middle) (Last)  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Ph: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Last School Attended: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Indicate yes or no to each question regarding the student:**

Expelled, suspended or in alternative program when withdrawn? Yes No  
Previously in Speech or Special Education? Yes No  
Previously in Bilingual or ESL program? Yes No  
Previously in a 504 or Dyslexia program? Yes No  
Has the student ever been retained? If yes, which grade \_\_\_\_\_ Yes No

**Emergency Contacts:**

*It may be necessary to contact you during the school day. If you cannot be reached, the school will call the person(s) you name below in sequential order. Please list at least two additional contacts who we may contact and who may pick up your child at school.*

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Household Information:** *Please provide the following information for other children who live in the student's household.*

Name	Age	Grade	School Attending
Name	Age	Grade	School Attending
Name	Age	Grade	School Attending
Name	Age	Grade	School Attending

**Please answer the following questions:**

- My child may participate in school sponsored field trips.  Yes  No
- My child may be assigned an adult mentor provided by the school.  Yes  No
- Do you have any school-age child residing in your home who is not Attending school and has not graduated from high school?  Yes  No
- My child may have their name, picture, artwork, or awards posted on the school website, newspaper or other public forum (i.e. Facebook etc.)  Yes  No

Physician Name: \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I hereby grant my authorization and consent to medical care, treatment, procedure, transportation, or physician consultant deemed necessary in order to insure safety of my child.  
 Yes  No

I certify that the above named child resides at the street address given for all substantial purposes at the time of enrollment. I understand that the record on my child will be made available to me if my request is made to the proper school authorities. I further understand that my signature below gives my permission as directed above and my assurance that all information that I have provided is true and correct to the best of my knowledge.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

