



STUDENT REGISTRATION FORM

SHADED AREA FOR OFFICE USE ONLY

STUDENT I.D. NO.

Registration form header with fields: SCHOOL, ADMISSION REASON, ENTRY DATE, GRADE, ADMISSION STATUS, FT/PT, GRAD YEAR, HOME RM, COUNSELOR (OR TEACHER) NAME, PROOF OF AGE, PROOF OF ADDRESS, LOCKER NO., ROUTE #, P/P, SPEC ED, TAG, TITLE I, 504, ELL.

INSTRUCTIONS: The Registration form is a required official record. The questions on this form ask for important information that will help provide services for your child. If you need help filling out this form, please contact your school. Please print using a black ball-point pen, completing both pages and sign the back. If any information you provide should change in the future, please notify your school immediately.

STUDENT INFORMATION

Student information form with fields: 1. LEGAL LAST NAME, 2. LEGAL FIRST NAME, 3. MIDDLE NAME, 4. SUFFIX, 5. USUAL LAST NAME (if different), 6. PREFERRED FIRST NAME, 7. GENDER, 8. BIRTHDATE, 9. HOME PHONE NO., 10. UNLISTED, 11a. ETHNICITY, 11b. RACE, 12. HOME ADDRESS, 13. CITY, 14. STATE, 15. ZIP CODE, 16. STUDENT EMAIL ADDRESS, 17. MAILING ADDRESS, 18. CITY, 19. STATE, 20. ZIP CODE, 21. PREVIOUS SCHOOL DISTRICT ATTENDED, 22. PREVIOUS SCHOOL ATTENDED, 23. DATES ATTENDED, 24. PREVIOUS SCHOOL ADDRESS, 25. PREVIOUS SCHOOL PHONE NO., 26. Is the student, a parent, or a grandparent, a member of a U.S. federally recognized American Indian Tribe?, 27. IS A LANGUAGE OTHER THAN ENGLISH THE STUDENT'S FIRST LANGUAGE, OR THE LANGUAGE USED AT HOME OR WITH FRIENDS?

PARENT/GUARDIAN INFORMATION (Contact phone numbers and email addresses will be used to distribute important school or district information.)

Parent/Guardian information form with fields: 28. CHILD LIVES WITH: (check one) BOTH PARENTS, MOTHER, FATHER, GRANDPARENT, GUARDIAN, FOSTER PARENT, OTHER; 29. STUDENT MAY BE MIGRANT ELIGIBLE?; 30. PARENT/RESPONSIBLE ADULT: Mother, Father, Guardian, Other; 31. LAST NAME, 32. FIRST NAME, 33. Contact in event of emergency; 34. ADDRESS: Living with student? Same as student address?; 35. DIFFERENT ADDRESS, 36. CITY, 37. STATE, 38. ZIP CODE, 39. HOME PHONE NO., 40. CELL PHONE NO., 41. WORK PHONE NO., 42. EMAIL ADDRESS, 43. SPEAKS ENGLISH: YES, NO; 44. Interested in volunteering: YES, NO; 45. LIVE/WORK ON FEDERAL PROPERTY: YES, NO; 46. MIGRANT WORKER: YES, NO; 47. PARENT/RESPONSIBLE ADULT: Mother, Father, Guardian, Other; 48. LAST NAME, 49. FIRST NAME, 50. Contact in event of emergency; 51. ADDRESS: Living with student? Same as student address?; 52. DIFFERENT ADDRESS, 53. CITY, 54. STATE, 55. ZIP CODE, 56. HOME PHONE NO., 57. CELL PHONE NO., 58. WORK PHONE NO., 59. EMAIL ADDRESS, 60. SPEAKS ENGLISH: YES, NO; 61. Interested in volunteering: YES, NO; 62. LIVE/WORK ON FEDERAL PROPERTY: YES, NO; 63. MIGRANT WORKER: YES, NO.

ADDITIONAL EMERGENCY CONTACTS*Please use separate form to list additional emergency contacts if desired.***Please make sure the emergency information is correct. In an emergency, parent/guardians on page one will be called first, unless you indicate otherwise below.**

64. EMERGENCY CONTACT LAST NAME		65. FIRST NAME		66. RELATIONSHIP	
67. HOME PHONE NO. ()	68. CELL PHONE NO. ()	69. WORK PHONE NO. ()	70. By listing this person as an emergency contact, you are authorizing him or her to pick up your child at school if you cannot be reached.		
71. EMERGENCY CONTACT LAST NAME		72. FIRST NAME		73. RELATIONSHIP	
74. HOME PHONE NO. ()	75. CELL PHONE NO. ()	76. WORK PHONE NO. ()	77. By listing this person as an emergency contact, you are authorizing him or her to pick up your child at school if you cannot be reached.		

MEDICAL INFORMATION**School staff need to know when your child has current medical conditions for which he/she may require help during the school day. Remember to advise your school of any changes in information.**

78. DOCTOR'S NAME (Optional)		79. PHONE NO. (Optional) ()		80. DENTIST'S NAME (Optional)		81. PHONE NO. (Optional) ()	
82. PREFERRED HOSPITAL		83. EMS (Emergency Medical System) makes the final decision for site of best available care when serious illness, accident, or other emergency event directs need for transporting to a hospital. If possible, the school will advise EMS of your hospital preference.					
84. INSURANCE CARRIER (optional)		85. PLEASE CHECK ANY CURRENT MEDICAL CONDITIONS:				86. LAST PHYSICAL EXAM DATE	
		<input type="checkbox"/> Asthma		<input type="checkbox"/> Heart Disease		<input type="checkbox"/> Seizure Disorder	
		<input type="checkbox"/> Diabetes: <input type="checkbox"/> Type I <input type="checkbox"/> Type II		<input type="checkbox"/> Serious Allergies:		<input type="checkbox"/> Other:	
		Date of Diagnosis:					
86. OTHER SPECIAL HEALTH NEEDS AT SCHOOL		87. MEDICATIONS TO BE TAKEN AT SCHOOL (please list and also complete the Authorization for Medication form)				88. LAST PHYSICAL EXAM DATE	

SIBLINGS (Currently attending a PPS school.)*Please use separate form to list additional siblings.*

89. SIBLING LAST NAME		90. FIRST NAME		91. RELATIONSHIP		92. AGE		93. GENDER <input type="checkbox"/> F <input type="checkbox"/> M		94. SCHOOL		95. GRADE	
96. SIBLING LAST NAME		97. FIRST NAME		98. RELATIONSHIP		99. AGE		100. GENDER <input type="checkbox"/> F <input type="checkbox"/> M		101. SCHOOL		102. GRADE	

INDIVIDUALIZED EDUCATION PLAN (I.E.P.) AND 504 PLAN

103. Does the student have a current Individualized Education Plan? YES <input type="checkbox"/> NO <input type="checkbox"/>		104. Does the student have a Section 504 Plan? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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PERMISSIONS / AUTHORIZATIONS**For annual notices on Directory Information, Student Records, Military Recruiting and Protection of Student Rights, please see the *District Parent and Student Handbook*.**

105. Under federal law and school policy, the school district may release the following information without prior parental consent: Student name, participation in officially recognized activities and sports, weight and height of members of athletic teams, degrees, honors, and awards received, major field of study, dates of attendance, and the most recent school attended. If you do not want this information released, please contact your school to submit a written request. This form must be completed each year [Non-Release of Student Directory Information Form].

Student photographs are commonly used in yearbooks, newsletters, websites, and other school related publications. If you do not want your student's photograph used or released for these purposes or for news media, please contact your school to submit a written request [Publicity Denial & Non-Release of Information to School Directory Form].

Many schools or PTAs publish school directories that include Parent/Guardian contact information. If you do not want your name and contact information released for the school directory, please contact your school to submit a written request [Publicity Denial & Non-Release of Information to School Directory Form].

106. HIGH SCHOOL ONLY

I do not want my child's name, address and phone number released to: Military Recruiters College Recruiters

The No Child Left Behind Act of 2001 requires school districts to provide, upon request, the names, addresses and phone numbers of juniors and seniors to military recruiters, colleges and universities. If you do not want the school district to provide information about your student to either the military or colleges and universities, you have the opportunity to "opt out." In order to do so, you must check next to one or both of the categories above.

By signing this form, I agree that all the above information is true. If it is determined that the address I have provided is false, I acknowledge that my student could be removed from this school immediately.

107. SIGNATURE OF PARENT/RESPONSIBLE ADULT (Required) X		108. DATE		109. SIGNATURE OF PARENT/RESPONSIBLE ADULT X		110. DATE	
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