



DATE _____

NEW STUDENT REGISTRATION FORM

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY					
STUDENT STATE ID NUMBER (SSID)	SCHOOL ENTRY DATE	MEDICAL ALERT	HOMEROOM NUMBER	LOCKER NUMBER	FOOD SERVICE PIN #

STUDENT NAME: Legal Last Name		Legal First Name	Legal Middle Name	Also known as:
BIRTHDATE (Month/Day/Year)	GENDER (M/F)	BIRTH PLACE: City	State	Country
			County	GRADE LEVEL

For approximately how many years/months has the student received home school instruction? _____ One school year or less _____ School Years

What date did the student first enroll in public education anywhere in the United States? ____/____/____
 How many months did the student receive formal education outside the United States in the student's native language prior to enrolling in this district? _____

LANGUAGE CHILD CURRENTLY SPEAKS: English Spanish Other _____

MILITARY FAMILY:
 Yes No Not Applicable
 US Armed Forces Active Duty Nat'l Guard Member
 More than one member of Armed Forces/Nat'l Guard US Armed Forces Reserves

STUDENT LIVES WITH <input type="checkbox"/> Both Parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other _____	PRIMARY HOUSEHOLD (Parent/guardian where student resides) <i>Last Name</i> <i>First Name</i>	PHONE - Home (Include Area Code)	PHONE - Cell (Include Area Code)	
	EMPLOYER:		PHONE – Work (Include Area Code)	E-MAIL <input type="checkbox"/> Home <input type="checkbox"/> Work
	(Parent/guardian where student resides) <i>Last Name</i> <i>First Name</i>		PHONE - Home (Include Area Code)	PHONE - Cell (Include Area Code)
	EMPLOYER:		PHONE – Work (Include Area Code)	E-MAIL <input type="checkbox"/> Home <input type="checkbox"/> Work

RESIDENT ADDRESS	Street	City	State	ZIP
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MAILING ADDRESS (If different from above)	Street	City	State	ZIP
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RELATIONSHIP <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Foster Parents <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other _____	SECOND HOUSEHOLD (Non-custodial parent <u>not</u> residing with student) <i>Last Name</i> <i>First Name</i>	PHONE (Include Area Code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE (Include Area Code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
	(Non-custodial parent <u>not</u> residing with student) <i>Last Name</i> <i>First Name</i>		PHONE (Include Area Code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE (Include Area Code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
	SECONDARY HOUSEHOLD ADDRESS (Street/PO Box, City, State, ZIP)		ADDITIONAL MAILING REQUESTED <input type="checkbox"/> Yes <input type="checkbox"/> No	

SCHOOL PREVIOUSLY ATTENDED	SCHOOL DISTRICT PREVIOUSLY ATTENDED	PREVIOUS SCHOOL LOCATION (City and State)
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HAS STUDENT EVER ATTENDED STEVENSON-CARSON PUBLIC SCHOOLS? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, NAME OF SCHOOL ATTENDED	DATE ATTENDED (Month/Year)
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Additional Registration Information on other side...

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? Yes No (If yes, plan must be on file with the school for enforcement)

IS THERE A RESTRAINING ORDER IN EFFECT? Yes No (If yes, legal papers must be on file with the school for enforcement)

Restraining order is against: Mother Father Other _____

HAS THE STUDENT EVER BEEN SUSPENDED FOR A WEAPONS VIOLATION? Yes No Date: _____

HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL ED PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAS YOUR CHILD EVER BEEN RETAINED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade level(s) _____
HAS YOUR CHILD EVER QUALIFIED FOR OR HAD A 504 PLAN? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HAS YOUR CHILD EVER PARTICPATED IN: <input type="checkbox"/> Title <input type="checkbox"/> LAP <input type="checkbox"/> Gifted <input type="checkbox"/> ELL <input type="checkbox"/> Other _____	

VERIFICATION OF INFORMATION: The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student’s enrollment or assignment to a school in the Stevenson-Carson School District.

Legal Parent/Guardian Signature _____ Date _____

DOES STUDENT ATTEND CHILD CARE? <input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before and after school	CHILD CARE PROVIDER	Name	Address	Phone Number
ADDITIONAL CHILD CARE ARRANGEMENTS (Please provide information to school in writing)				

PLEASE LIST OTHER SIBLINGS ATTENDING STEVENSON-CARSON PUBLIC SCHOOLS			
Last Name	First Name	School	Grade

SPECIAL INSTRUCTIONS REGARDING RELIGIOUS BELIEFS (Please provide information to school in writing)

EMERGENCY MEDICAL AUTHORIZATION: I understand that in the event of an accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

Legal Parent/Guardian Signature _____ Date _____

When injury, illness or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child.

PRIMARY CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	PHONE #1 (Include Area Code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (Include Area Code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
PRIMARY CONTACT ADDRESS <i>Street</i> <i>City</i> <i>State</i> <i>ZIP</i>			
SECONDARY CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	PHONE #1 (Include Area Code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (Include Area Code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
SECONDARY CONTACT ADDRESS <i>Street</i> <i>City</i> <i>State</i> <i>ZIP</i>			

STUDENT RELEASE AUTHORIZATION: In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed above, or currently on file. This includes those listed as childcare provider.

Legal Parent/Guardian Signature _____ Date _____