

REGION 15 SCHOOLS REGISTRATION FORM

Please PRINT clearly in blue or black ink.

Student's First Name: _____ Gender: **Female Male Nonbinary**

Student's Middle Name: _____ Date of Birth: _____

Student's Last Name: _____ Suffix: _____ (MM/DD/YYYY)

Has student previously been enrolled in Region 15 ? **Y N** School: _____ Grade: _____

Does this student have a sibling that currently attends Region 15 or is being registered at the same time? **Y N**

Please list all sibling name(s):

	Name	Gender	DOB		Name	Gender	DOB
1.				2.			
3.				4.			

1. **Military Status:** Is Parent/Guardian an active member of the Armed Forces or serves full-time on National Guard Duty? **Y N**

2. Previous school student attended: _____

Last grade level completed: **PK K 1 2 3 4 5 6 7 8 9 10 11 12**

HOME LANGUAGE SURVEY

3. What is the primary language used in the home, regardless of the language spoken by the student? _____

4. What is the language most spoken by the student? _____

5. What is the language the student first acquired? _____

6. Will you need documents translated? **Y N** If so, in what language? _____

7. Will you need an interpreter at meetings? **Y N** If so, in what language? _____

PRIMARY LANGUAGE: (OFFICE USE ONLY) _____

ETHNICITY/RACE

8. Ethnicity: Is the student Hispanic or Latino? **Y N**

9. Race: **You may check more than one race**

American Indian or Alaskan Native

Asian

Black or African American

White

Native Hawaiian or Pacific Islander

STUDENT HOME RESIDENCE

<u>Street Name</u>	<u>Resides with</u>	
<u>Town</u>	<u>State</u>	<u>Zip Code</u>

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN #1		PARENT/GUARDIAN #2	
Name:		Name:	
Relationship:		Relationship:	
Home Address:		Home Address:	
Home Phone #:		Home Phone #:	
Cell Phone #:		Cell Phone #:	
Work/Day Phone #:		Work/Day Phone #:	
Email Address:		Email Address:	
Employer:		Employer:	
Is there a custody or guardianship agreement? Y N		Is there a custody or guardianship agreement? Y N	
Check all that apply: <input type="checkbox"/> Lives With <input type="checkbox"/> Can Pick-Up		Check all that apply: <input type="checkbox"/> Lives With <input type="checkbox"/> Can Pick-Up	

PARENT/GUARDIAN #3- (At A Different Address)

Name: _____

Relationship: _____

Home Address: _____

Home Phone #: _____

Cell Phone #: _____

Work/Day Phone #: _____

Email Address: _____

Employer: _____

Is there a custody or guardianship agreement? **Y N**

Second mailing **Y N** Can Pick-Up **Y N**

ACADEMIC HISTORY

10. Circle the anticipated grade student will enter: **PK K 1 2 3 4 5 6 7 8 9 10 11 12**
11. Can you provide academic records? **Y N**
12. Does your student have a 504 Plan? **Y N**
13. Is your student currently receiving Special Education Services? **Y N**
14. If in Special Education is there a current IEP plan? **Y N**
15. Information regarding most recent school student has attended (including pre-school):

16. Is your child currently receiving ESL/ESOL Support? **Y N**
17. Has your child in the past received ESL/ESOL Support? **Y N**

Student Name: _____ Grade: _____ School: _____

STUDENT EMERGENCY CONTACTS

Please list up to three emergency contacts who may be called to pick up your student should we not be able to reach either parent/guardian 1 or 2. **Contacts should be listed individually**; do not combine names (e.g. Mr./Mrs. Smith). **NOTE: Emergency contacts should NOT include parent/guardians listed on the previous page.**

Emergency Contact #1		Emergency Contact #2	
Name		Name	
Relationship:		Relationship:	
Home Phone #:		Home Phone #:	
Cell Phone #:		Cell Phone #:	
Day Phone #:		Day Phone #:	
Emergency Contact #3			
Name:			
Relationship:			
Home Phone #:			
Cell Phone #:			
Day Phone #:			

STUDENT MEDICAL CONTACTS

Please provide your student's medical contact information below.

Student's Doctor		Student's Dentist	
Name:		Name:	
Phone Number:		Phone Number:	

18. Does this student have any allergies? **Y N** If yes, please list:

By signing this form, you give permission for any of the designated emergency contacts to pick up your student in case of an emergency school closure, illness or missed bus.

Parent or Guardian's Signature: _____ Date: / /
 Print Last Name: _____ Print First Name: _____

*** The information contained in this form is private and should be secured and accessed only by authorized individuals. This is needed to ensure compliance with HIPPA, FERPA, and individual rights to privacy.