

## STUDENT REGISTRATION FORM

## FOR REGISTRAR USE ONLY

DATE OF ENROLLMENT:

SCHOOL ATTENDING:

START DATE:

MARSS#:

PLACE OF BIRTH:	& State	(Country)  Zip  City State tional information and res	County e Zip	
Home Address: Street Address - (DO NOT LIST PO BOX )	State egistrar for addii	Zip City State	County e Zip	
Home Address:  Street Address - (DO NOT LIST PO BOX ) City  Mailing Address:  Street Address - (CAN LIST PO BOX)  If you live in transitional housing (motel, campsite, car or shelter) please tell the Re  Ethnic Category:  Is this child American Indian or Alaskan Native? Yes No  Is this child Hispanic/Latino? Yes No  What is the child's race? (you may choose more than one)  American Indian/Alaska Native  Asian  Black/African American  Native Hawaiian/Pacific Islander  White	State egistrar for addii	Zip City State	County e Zip	
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	Siaic	Zip Las	st Date at attended	
HAS THIS STUDENT EVER BEEN EXPELLED? Yes No		Епр Еал	n Daic at attended	
HAS TRUANCY EVER BEEN FILED ON THIS STUDENT? Yes  Name of Parent/Guardian (If you are NOT the biological/step parent of the child, please see next section.)  Student Resides With (X)	•	es, which school district	t	
Mother:				
Step Mother:				
Father:				
Step Father:				
Second Parent Address: (If different than listed above)	City	State	Zip	

Circle your relationship to the stude	ent (Documentation w	ill be required): Legal	Guardian Fo	ster Parent	Group Home	
Guardian's Name (Last, First)	Physical/Mailing Address (if different than student's)		School Hours Phone Number		, county case manager, e number/case number	
Section 2: Special Programs						
Does this student have a current	Individual Education	n Plan (IEP) through S	pecial Education	n? Yes	No	
If yes, please indicate primary di	isability:					
Does your student have a 504 Ac	ccommodation Plan (	(for such things as diab	oetes manageme	nt, etc.) Yes _	No	
If yes, please indicate what for:						
Section 3: Emergency Contacts						
Contact (Last, First Name)		Relationship	School Hours Phone #		Circle One: Home, Work or Cell Home, Work or Cell	
Section 4: Additional Household	Information					
LIST ALL CHILDREN IN HOUSEH						
LAST NAME	FIRST NAME	MIDDLE NAME	E GENDER BIRTHDA' M/F		TE HANDICAPPED (Y/N)	
Section 5: Certification/Signatur	es					
Parent/Guardian <u>ACTIVE</u> in th	e Military: Yes	_ No				
I hereby certify that all the inf	ormation contained	in this form is true a	nd accurate to	the best of m	y knowledge.	
Printed Name:						
E-mail address:		@				
Signature:		Date:				
Items Scanned and Photo ID Photo ID Birth Certificate Immunization Reco	ord	For Office Use F/R Lunch Form  Proof of Residence  Title 7/JOM Eligibilit  Records Requested	(type provided) cy Form for Native /	American	_)	