



NEW STUDENT REGISTRATION FORM

STUDENT #1			School:			STUDENT #2			School:								
Student's Legal Last Name <input type="checkbox"/> BC v			Student's Legal First Name <input type="checkbox"/> BC v			Student's Legal Last Name <input type="checkbox"/> BC v			Student's Legal First Name <input type="checkbox"/> BC v								
Middle Name			Nick Name			Middle Name			Nick Name								
Birthdate <input type="checkbox"/> BC v		Grade registering for		Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non Binary		Birthdate <input type="checkbox"/> BC v		Grade registering for		Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non Binary							
School most recently attended by student (Name, District #, City, State)				Dates of Attendance				School most recently attended by student (Name, District #, City, State)				Dates of Attendance					
Race: <input type="checkbox"/> Am Indian/Alaskan <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not Hispanic <input type="checkbox"/> White, not Hispanic <input type="checkbox"/> Native Hawaiian/Pacific Islander			Student has been identified as or is receiving services for: <input type="checkbox"/> Special Education <input type="checkbox"/> Active Individual Education Plan (Please provide current copy) <input type="checkbox"/> ELL (English Language Learner) <input type="checkbox"/> Not Sure			If your child has an active IEP? Please identify student's primary disability: <input type="checkbox"/> Speech/Language Impaired <input type="checkbox"/> Developmental Cognitive Disabilities (Mild) <input type="checkbox"/> Developmental Cognitive Disabilities (Severe) <input type="checkbox"/> Physically Impaired <input type="checkbox"/> Deaf - Hard of Hearing <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Specific Learning Disabilities <input type="checkbox"/> Emotional/Behavioral Disorders (EBD) <input type="checkbox"/> Deaf - Blind <input type="checkbox"/> Other Health Disabilities <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Traumatic Brain Injury Disabled <input type="checkbox"/> Severely Multiple Impaired <input type="checkbox"/> 504 Plan			Race/Ethnicity: <input type="checkbox"/> Am Indian/Alaskan <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not Hispanic <input type="checkbox"/> White, not Hispanic <input type="checkbox"/> Native Hawaiian/Pacific Islander			Student has been identified as or is receiving services for: <input type="checkbox"/> Special Education <input type="checkbox"/> Active Individual Education Plan (Please provide current copy) <input type="checkbox"/> ELL (English Language Learner) <input type="checkbox"/> Not sure			If your child has an active IEP? Please identify student's primary disability: <input type="checkbox"/> Speech/Language Impaired <input type="checkbox"/> Developmental Cognitive Disabilities (Mild) <input type="checkbox"/> Developmental Cognitive Disabilities (Severe) <input type="checkbox"/> Physically Impaired <input type="checkbox"/> Deaf - Hard of Hearing <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Specific Learning Disabilities <input type="checkbox"/> Emotional/Behavioral Disorders (EBD) <input type="checkbox"/> Deaf - Blind <input type="checkbox"/> Other Health Disabilities <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Traumatic Brain Injury Disabled <input type="checkbox"/> Severely Multiple Impaired <input type="checkbox"/> 504 Plan		
Will student use busing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure			Registration is for: <input type="checkbox"/> Current School Year <input type="checkbox"/> Next School Year Anticipated Start Date: _____			Has student ever attended school in District 206 before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, school name(s): _____			Will student use busing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure			Registration is for: <input type="checkbox"/> Current School Year <input type="checkbox"/> Next School Year Anticipated Start Date: _____			Has student ever attended school in District 206 before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, school name(s): _____		

FAMILY INFORMATION *Parent/Guardian #1 is the primary contact for district announcements and mailings

Street Address			Apt. #	City, State, Zip			Date moved into district:		Student #1 Cell #		Student #2 Cell #		Student lives with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other (describe): _____	
Parent/Guardian #1 Last Name		First Name	M.I.	Birthdate	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Employer Work # Home # Cell #		Relationship to Student			Email		Status of Parents: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other (please describe): _____	
Parent/Guardian #2 Last Name		First Name	M.I.	Birthdate	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Employer Work # Home # Cell #		Relationship to Student			Email			
<input type="checkbox"/> Different Mailing Address <input type="checkbox"/> Add 2 nd Household Mailing The Family Education Records and Privacy Act provides that educational records are made available to each parent of a student. List other parent/guardian for additional mailings and information. → → →			Name & relationship to student for 2 nd household		Address		Phone		OTHER HOUSEHOLD MEMBERS UNDER AGE 21 <i>Full Legal Name (Last, First, Middle)</i>			Birthdate	Gender	
									1. _____					
									2. _____					
									3. _____					
Name of person to call in an emergency other than a person the student lives with: Emergency Name _____ Relationship to student _____ Daytime phone _____														

I CERTIFY THAT THE INFORMATION I PROVIDED ABOVE IS TRUE AND CORRECT. Signature: _____ Date: _____

FOR OFFICE USE ONLY Student #1										FOR OFFICE USE ONLY Student #2																					
Enrollment Date		Student #		School		School #		Room #		Teacher/Counselor		Last Location		Res. Dist. #		Enrollment Date		Student #		School		School #		Room #		Teacher/Counselor		Last Location		Res. Dist. #	
														SAC																SAC	
Family #:			Lunch #:			FNS <input type="checkbox"/> Date			DOT <input type="checkbox"/> Date			Family #:			Lunch #:			FNS <input type="checkbox"/> Date			DOT <input type="checkbox"/> Date										