



STUDENT REGISTRATION FORM

OFFICE USE Grade: Teacher: First Day of Attendance: School of Attendance: Date of Registration Registered by: School of Residence: Open Enrollment: YES /NO State#: SIS# Entry Code: Date entered in Synergy: Entered in Synergy by:

STUDENT INFORMATION - NAME AS SHOWN ON BIRTH CERTIFICATE

Student's Last Name Student's First Name Student's Middle Name Jr., III, IV. Gender Male Female Date of Birth Month Day Year Birth City Birth State Birth Country Nickname

ETHNICITY AND RACE (Required by the U.S Department of Education) Ethnicity: (check one) Race: (check one or more regardless of ethnicity) Student BACKGROUND Please check YES or NO YES NO

HOME LANGUAGE SURVEY (Required by the U.S Department of Education) 1. What is the primary language used in the home regardless of the language spoken by the student? 2. What is the language most often spoken by the student? 3. What is the language that the student first acquired? If your child was born outside the U.S. on what year did your child first enter school in the U.S.?

PREVIOUS SCHOOL INFORMATION Name of Previous School Last Day Attended Previous School Address Grade

PARENT/GUARDIAN - MUST BE LISTED ON BIRTH CERTIFICATE OR LEGAL CUSTODY DOCUMENTATION

Parent/Guardian Name Parent/Guardian Check all that apply Parent/Guardian Name Parent/Guardian Check all that apply Home Address City State Zip Code Mailing Address (If different from above) Cell Phone Home Phone Work Phone Relation to student: Ethnicity (check one) Race (check one or more regardless of ethnicity) Guardian? Custody issues? Email Address

EMERGENCY CONTACT

The following persons other than Parent/Guardian have permission to pick up my child and may be notified in an emergency. Name Relation to Student Cell Phone Home Phone Work Phone 1. 2. 3. Physician Phone Hospital of preference:

SIBLINGS

1. NAME AGE SCHOOL 2. NAME AGE SCHOOL 3. NAME AGE SCHOOL 4. NAME AGE SCHOOL

COMMUNICATION: Preferred language for messages/mailings: ENGLISH SPANISH other:

I certify that I am the child's parent or legal guardian and that the information I have given above is true and correct to the best of my knowledge.

Signature of Parent/Guardian: X Date: Month Day Year