



# NEW STUDENT REGISTRATION FORM

(Please Print – One per student)

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: Male  Female   
(Last) (First)

Birth Date: \_\_\_\_\_ Parent Email: \_\_\_\_\_ Student #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Check if address is different from last year

Student currently lives with:

Parent: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Parent: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

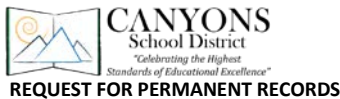
Guardian: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
(If different than parent)

Guardian Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's Relation to Guardian: \_\_\_\_\_ School Last Attended: \_\_\_\_\_ Address: \_\_\_\_\_

Is this student: Yes, Hispanic/Latina \_\_\_ No, not Hispanic/Latino \_\_\_ Country of birth \_\_\_\_\_  
What is the student's race: American Indian or Alaska Native \_\_\_ Asian \_\_\_ Black or African American \_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_ White \_\_\_  
If American Indian or Alaskan Native, please choose one:  
\_\_\_ North American Indian – Tribal affiliation \_\_\_\_\_  
\_\_\_ Central or South American descent of indigenous people \_\_\_\_\_

What was the first language that the student learned to speak? \_\_\_\_\_ Which language is spoken most often in the student's home: \_\_\_\_\_  
Which language is used most by the student? \_\_\_\_\_ What is your preferred language for home/school communication? English  Other \_\_\_\_\_  
Would you like interpretation services provided for parent-teacher conferences, etc.? Yes  Language \_\_\_\_\_



\_\_\_\_\_  
Date Student's Name Birth Date Grade  
\_\_\_\_\_  
School Last Attended Address City State Zip  
\_\_\_\_\_  
Phone Number Fax Number

In compliance with the Family Education Rights and Privacy Act of 1974, which requires consent for the release of certain information, I hereby give consent for you to release to the school listed below, the records and report I have indicated.

- General Education Records
- Special Education Records
- Psychological Reports

Please forward school records to:  
School \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/legal guardian Date

\_\_\_\_\_  
Address City State Zip