

WALBRIDGE SCHOOL STUDENT REGISTRATION FORM

SHADED AREA FOR OFFICE USE ONLY

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|-------------------|---------------|-----------------|-----|
| REGISTRATION DATE | CURRENT GRADE | ENROLLMENT DATE | FTE |
|-------------------|---------------|-----------------|-----|

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| OFFICE NOTES |
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INSTRUCTIONS: The Registration form is an official record. The questions on this form provide important information that will help provide services for your child. Some of the questions are explained below. If you need further information, please contact the school ****Please print using a ball-point pen, complete form, SIGN and DATE bottom of form****

STUDENT INFORMATION

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|---|------------------------------|--|--|---|-----------|--------------------------------|------------------|
| 1. LEGAL LAST NAME | 2. LEGAL FIRST NAME | 3. USUAL LAST NAME (if different) | 4. PREFERRED FIRST NAME | 5. MIDDLE NAME | 6. SUFFIX | 7. GRADE | 8. GENDER F M |
| 9. BIRTH DATE / / | 10. HOME PHONE NO. () | 11. UNLISTED YES NO | RACE: (Circle at least one, and all that apply): ∅ White ∅ Black or African American ∅ Asian ∅ American Indian or Alaskan Native ∅ Native Hawaiian or Other Pacific Islander | | | | |
| 14. HOME ADDRESS (Street Address & Apartment No.) | 15. CITY | 16. STATE | 17. ZIP CODE | 18. IS MAILING ADDRESS SAME AS HOME ADDRESS? YES NO If NO, please fill out boxes 19-22 | | | |
| 19. DIFFERENT MAILING ADDRESS | 15. CITY | 16. STATE | 17. ZIP CODE | | | | |
| 23. PREVIOUS SCHOOL DISTRICT ATTENDED | 24. PREVIOUS SCHOOL ATTENDED | 25. DATES ATTENDED | 26. PREVIOUS SCHOOL ADDRESS | | | | |
| 27. COUNTRY OF BIRTH (If not USA) | 28. CITY/STATE OF BIRTH | 29. IS A LANGUAGE OTHER THAN ENGLISH THE STUDENT'S FIRST LANGUAGE, OR THE LANGUAGE USED AT HOME OR WITH FRIENDS? YES NO If YES, please complete the lower boxes | | | | | |
| 30. STUDENT HAS ANY OF THE FOLLOWING: IEP YES NO 504 PLAN YES NO TAG PLAN YES NO | | *Student's first language: | *Language spoken at home or with friends: | *Student is or has been in ESL/ Bilingual Program: YES NO | | *Interpreter Needed? YES NO | |

PARENT/ GUARDIAN INFORMATION

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|---|---------------------------|----------------------------------|-------------------------|--|--|--|--|
| 31. CHILD LIVES WITH: ∅ BOTH PARENTS ∅ MOTHER ∅ FATHER ∅ GRANDPARENT ∅ GUARDIAN ∅ FOSTER PARENT ∅ OTHER: | | | | | | | |
| 32. PARENT/ RESPONSIBLE ADULT: ∅ MOTHER ∅ FATHER ∅ STEP PARENT ∅ GUARDIAN ∅ OTHER: | | | 33. LAST NAME | 34. FIRST NAME | 35. Contact in Event of Emergency? YES NO | | |
| 36. ADDRESS: Living with student? YES NO Same as student address? YES NO | | | | 37. DIFFERENT ADDRESS If NO, please fill address in box No. 37, and place an "x" here <input type="checkbox"/> to receive copy of report card/correspondence. | | | |
| 38. SPEAKS ENGLISH YES NO If NO, primary language: | | 39. ABLE TO VOLUNTEER? YES NO | 40. PLACE OF EMPLOYMENT | | 41. OCCUPATION | | |
| 42. HOME PHONE NO. () | 43. WORK PHONE NO. () | 44. CELL PHONE NO. () | | 45. EMAIL ADDRESS: (Email address will be included on the Family Directory for distribution) | | | |
| 46. PARENT/ RESPONSIBLE ADULT: ∅ MOTHER ∅ FATHER ∅ STEP PARENT ∅ GUARDIAN ∅ OTHER: | | | 47. LAST NAME | 48. FIRST NAME | 49. Contact in Event of Emergency? YES NO | | |
| 50. ADDRESS: Living with student? YES NO Same as student address? YES NO | | | | 51. DIFFERENT ADDRESS If NO, please fill address in box No. 37, and place an "x" here <input type="checkbox"/> to receive copy of report card/correspondence. | | | |
| 52. SPEAKS ENGLISH YES NO If NO, primary language: | | 53. ABLE TO VOLUNTEER? YES NO | 54. PLACE OF EMPLOYMENT | | 55. OCCUPATION | | |
| 56. HOME PHONE NO. () | 57. WORK PHONE NO. () | 58. CELL PHONE NO. () | | 59. EMAIL ADDRESS: (Email address will be included on the Family Directory for distribution) | | | |

SIGNATURE: _____

DATE: _____