

421-Exhibit 1

4K-5th GRADE NEW STUDENT REGISTRATION

This form must be completed and submitted to the office of the elementary school in your attendance area between the 1st Friday in February and the 1st Friday in March. Late registration (received after March 2) will be accepted. Please note that building preferences will be subject to available space and staffing. If you are Open Enrolling, please talk to building secretary for instructions.

Enrollment Date (*when will student be starting*) (*mm/dd/yyyy*): _____

Student Legal Last Name: _____

Student Legal First Name: _____

Student Legal Middle Initial: _____

Student's Date of Birth: _____

Gender: _____ Male _____ Female

Street Address (*include PO box if applicable*): _____

City, state, zip code: _____

Student resides with: (*this will be considered the Primary Family #1*) (*check all that apply*):

_____ Father _____ Mother _____ Guardian
_____ Stepmother _____ Stepfather _____ Other

If other, please specify: _____

Secondary Guardian Family #2 consists of (*if applicable*) (*check all that apply*):

_____ Father _____ Mother _____ Guardian
_____ Stepmother _____ Stepfather _____ Other

If other, please specify: _____

Street Address of Secondary Guardian Family #2 (*if applicable*): _____

City, state, zip code: _____

Guardianship documentation: (*if applicable*) (*please furnish copies of papers to the school*):

_____ Court Order
_____ Notarized guardianship agreement
_____ Documentation establishing custodial rights

Are copies of report cards and other school mailings to be sent to Secondary Guardian Family #2 (*if applicable*): _____ Yes _____ No

Proof of residency to the school district must be provided to the school office. Does student

reside at the address listed above on a full-time basis: _____ Yes _____ No
Registration is not considered complete until you provide the school with **two** forms of proof of residency. The following forms would be acceptable: (*two of these items must be submitted in person at the school's main desk during regular working hours*):

_____ Accepted Offer to Purchase _____ Title _____ Lease _____ Property Tax Bill
_____ Rent Receipt _____ Utility/Phone (not cell) bill _____ Driver's License

BIRTH CERTIFICATE: Please bring an original birth certificate to present to the school for verification purposes.

Primary Phone Number (*include area code*): _____

E-mail Address: _____

Are you enrolling from a different school district: _____ Yes _____ No

If yes, what is the name of the prior school/district: _____

Grade student will be entering (*pending results of screening*): _____

Is the student Hispanic/Latino: _____ Yes _____ No

Student's ethnicity/race: (*required for federal reporting only*):

_____ American Indian or Alaskan Native _____ Asian _____ Black or African American
_____ Native Hawaiian or other Pacific Islander _____ White

What primary language is spoken at home:

_____ English _____ Japanese _____ Spanish _____ Russian
_____ Portuguese _____ Turkish _____ Chinese _____ Dutch
_____ Czech _____ Finnish _____ French _____ German

What additional languages are spoken at home (*check all that apply*):

_____ English _____ Japanese _____ Spanish _____ Russian
_____ Portuguese _____ Turkish _____ Chinese _____ Dutch
_____ Czech _____ Finnish _____ French _____ German
_____ Other

If other, please specify: _____

Legal Father's Full Name: _____

Father's Primary Phone Number: _____

Father's Work Phone Number: _____

Father's Cell Phone/Pager Number (*include area code*): _____

Father's Email Address: _____

Legal Mother's Full Name: _____

Mother's Work Phone Number (include area code): _____

Mother's Cell Phone/Pager Number (include area code): _____

Mother's E-mail Address: _____

Student's Health Data (please identify any allergies, medical, handicap, or physical condition that the school personnel should be aware of):

Does the student receive special services: _____ Yes _____ No

If yes, please specify: _____ LD _____ ED _____ CD _____ S/L _____ Other

If other, please specify:

VACCINATIONS:

COMPLETE AND RETURN TO SCHOOL WITHIN 30 DAYS AFTER ADMISSION a Student Immunization Record. State law requires all public and private school students to present written evidence of immunization against certain diseases WITHIN 30 DAYS OF ADMISSION. The current age/grade specific requirements are available from schools and local health departments. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that reason only. You can obtain a Student Immunization Record form in one of three ways from your school: at orientation, in person, or mailed to you upon your request.

Student Emergency Contact Information: In the event that the school is unable to reach either parent, who would you like to designate as the emergency contact for this student?

Name of Emergency Contact: _____

Relationship to Student: _____

Phone Number (include area code) of Emergency Contact: _____

Name of Family Doctor: _____

Phone Number (include area code) of Family Doctor: _____

Name of Family Dentist: _____

Phone Number (include area code) of Family Dentist: _____

Name of hospital to contact in case of an emergency: _____

Phone Number (include area code) of hospital: _____

In the event of a SCHOOL EMERGENCY, we will be using our EMERGENCY MESSAGING SYSTEM. This system can use direct phone lines only. It can not call a switchboard. It can call up to three phone numbers and send one email to one email address. Please list the phone number(s), including area codes, and an email address that you would like to use for our EMERGENCY MESSAGING SYSTEM. Please note: Where there is more than one family for the student, please include contact information for both families.

Emergency Contact Phone Number (include area code) for Family #1 (primary guardian): _____

2nd Emergency Contact Phone Number (*include area code*) for Family #1 (*primary guardian*):

Emergency Contact Phone Number (*include area code*) for Family #2 (*secondary guardian*):

Emergency Contact E-mail Address: _____

PARENT/GUARDIAN: By signing your legal name below, you are stating that you attest that the information provided above is accurate to the best of your ability.

Legal Name

Date Submitted