

East Valley School District #361

STUDENT REGISTRATION FORM

STUDENT NAME: Legal Last Name		Legal First Name	Legal Middle Name	Preferred Name
Has the student ever been registered in a school using a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No			What name?	
Birthdate (Month/Day/Year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthplace: City	State	Country
				Grade Level Entering
Is a language other than English spoken in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No			What language?	
What language does your child speak the most at home?				

Primary Household

Resident (Street) Address	City	State	Zip
Mailing Address (If different from above)	City	State	Zip

PRIMARY GUARDIAN Household 1 (parent/guardian where student resides)				Primary Guardian's Relationship to Student	Parent/Guardian's primary language in the home?
Last Name	First Name	Middle Initial	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Home Phone <input type="checkbox"/> Unlisted?	2 nd Phone- Primary Guardian	Type of Phone: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other _____	3 rd Phone -Primary Guardian	Type of Phone: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other _____	
Primary Guardian email address:					
SECONDARY GUARDIAN Household 1 (parent/guardian where student resides)				Guardian's Relationship to Student	
Last Name	First Name	Middle Initial	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
1 st Phone- Secondary Guardian	Type of Phone: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other _____	2 nd Phone- Secondary Guardian	Type of Phone: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other _____		
Secondary Guardian email address:					

Second Household

Resident (Street) Address	City	State	Zip
Mailing Address (If different from above)	City	State	Zip

PRIMARY GUARDIAN Household 2				Guardian's Relationship to Student	Parent/Guardian's primary language in the home?
Last Name	First Name	Middle Initial	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Home Phone <input type="checkbox"/> Unlisted?	2 nd Phone- Primary Guardian	Type of Phone: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other _____	3 rd Phone- Primary Guardian	Type of Phone: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other _____	
Primary Guardian household 2 email address:					
SECONDARY GUARDIAN Household 2				Guardian's Relationship to Student	
Last Name	First Name	Middle Initial	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
1 st Phone- Secondary Guardian	Type of Phone: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other _____	2 nd Phone- Secondary Guardian	Type of Phone: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other _____		
Second Guardian household 2 email address:					

Military Parent or Guardian: <input type="checkbox"/> (N) No Affiliation <input type="checkbox"/> (A) U.S. Armed Forces active duty <input type="checkbox"/> (G) National Guard member <input type="checkbox"/> (M) More than one member of Armed Forces/NatlGd <input type="checkbox"/> (R) U. S. Armed Forces reserves <input type="checkbox"/> (N) No response/refused to state
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VERIFICATION OF INFORMATION: The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in this school district.

Legal Parent/Guardian Signature _____

Date _____

(Please Complete Back of Form)

Special Circumstances That The School Needs To Be Aware Of (Telephone Restrictions, Contact Restrictions, Out Of State Contacts, Custodial Restrictions):

Written Documentation Provided? Yes No

Does Student Attend Child Care? <input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before and after school	Child Care Provider <i>Name</i> <i>Address</i> <i>Phone Number</i>
Additional Child Care Arrangements (Please provide information to school in writing):	

EMERGENCY MEDICAL AUTHORIZATION: I understand that in the event of accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

Legal Parent/Guardian Signature _____ *Date* _____

When injury, illness or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child (local area only please).

Primary Contact (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	Relationship To Child	Phone #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Phone #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Secondary Contact (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	Relationship To Child	Phone #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Phone #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Third Contact (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	Relationship To Child	Phone #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Phone #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

STUDENT RELEASE AUTHORIZATION: In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed above.

Legal Parent/Guardian Signature _____ *Date* _____

Previous Participation in: (Check all that apply):

<input type="checkbox"/> 504	<input type="checkbox"/> LAP/Title I Math	<input type="checkbox"/> LAP/Title I Reading	<input type="checkbox"/> Special Education/IEP
<input type="checkbox"/> Gifted Program	<input type="checkbox"/> Speech	<input type="checkbox"/> ESL/Bilingual Programs	<input type="checkbox"/> Other _____

Prior School Information

Last School Attended:				
Last School Address:		City	State	Zip
Phone Number	Enroll Date (Month, Year)	Withdrawal Date (Month, Year)		

Has your child ever attended an East Valley School (East Farms Elementary, Otis Orchards Elementary, Trent Elementary, Trentwood Elementary, Continuous Curriculum School (CCS), East Valley Middle School, East Valley High School, East Valley Online, East Valley Parent Partnership), or an East Valley preschool program (ECEAP, or special ed preschool) at any of the above schools? Yes No Other East Valley School Attended not listed:

Please List Other Siblings				
Last Name	First Name	School	Year Born	Grade

For Office Use Only

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Registration Date	Enroll Date	Attended EV schools?	Choice- Out of District	Choice- In District
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