



New Student Registration Form

Date:

Birthdate:

PLEASE DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY

STUDENT NUMBER	SCHOOL ENTRY DATE	MEDICAL ALERT	GEOCODE NUMBER	HOMEROOM NUMBER	LOCKER NUMBER	BUS ROUTE
						AM PM

STUDENT NAME: Legal Last Name	Legal First Name	Legal Middle Name	Also known as (nickname):	GRADE LEVEL
BIRTHDATE (Month/Day/Year)	STUDENT'S HOME LANGUAGE <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____			GENDER (M/F)
BIRTH COUNTRY (if not U.S.):	STUDENT'S NATIVE/FIRST LANGUAGE <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____			
	STUDENT'S CURRENT LANGUAGE <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____			

PRIMARY HOUSEHOLD (Parent/Guardian – Where student resides)				STUDENT LIVES WITH (Check all that apply)	
Last Name	First Name				
Home Phone: ()	Work Phone: ()	Cell Phone: ()			
Military Y / N	Name of Workplace _____				
(Parent/Guardian – Same household as above)					
Last Name	First Name				
Home Phone: ()	Work Phone: ()	Cell Phone: ()			
Military Y / N	Name of Workplace _____				
RESIDENCE ADDRESS	Street	Apt #	City	State	ZIP
MAILING ADDRESS (If different)	Street or Post Office Box #	Apt #	City	State	ZIP
PRIMARY E-MAIL ADDRESS:					

SECOND HOUSEHOLD <input type="checkbox"/> Student also resides at this address <input type="checkbox"/> Noncustodial parent not residing with student				RELATIONSHIP	
Last Name	First Name				
Home Phone: ()	Work Phone: ()	Cell Phone: ()			
Military Y / N	Name of Workplace _____				
Last Name	First Name				
Home Phone: ()	Work Phone: ()	Cell Phone: ()			
Military Y / N	Name of Workplace _____				
SECOND HOUSEHOLD <u>STREET</u> AND <u>MAILING</u> ADDRESS (Street / Post Office Box, City, State, ZIP)					
SECOND HOUSEHOLD E-MAIL ADDRESS:					

Name of School Most Recently Attended	Entry Date	Withdrawal Date	Previous School Address	
School Previously Attended	Entry Date	Withdrawal Date	Previous School Address	
School Previously Attended	Entry Date	Withdrawal Date	Previous School Address	
Has this student ever attended Coupeville Schools? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, name of school:				DATE ATTENDED (Month/Year)

REGISTRATION FORM CONTINUES...

Has this student ever been suspended for a weapons violation? Yes No Date: _____

Has this student ever been to court for attendance issues? Yes No Date: _____

Is there a joint custody or parenting plan in effect? Yes No (If yes, plan must be on file with the school for enforcement)
 Is there a restraining order in effect? Yes No (If yes, legal papers must be on file with the school for enforcement)
 Restraining order is against: Mother Father Other (Please identify): _____

Has this student ever qualified for or been enrolled in a special education program? Yes No
 Has this student ever qualified for or had a Section 504 plan? Yes No
 Has this student ever participated in any of the following programs? Title I LAP Gifted ESL
 Other _____
 Is this student: a foster child? Yes No homeless at this time? Yes No a member of a migrant family? Yes No
 Has this student ever repeated a grade? No Yes If yes, at what grade level(s) _____

CHILD CARE PROVIDER (IF ANY) Name _____ Address _____ Phone Number _____
 Before school After school Before and after school

ADDITIONAL CHILD CARE ARRANGEMENTS (Please provide information to school in writing)

PLEASE LIST SIBLINGS ATTENDING COUPEVILLE SCHOOLS			
Last Name	First Name	School	Grade

SPECIAL INSTRUCTIONS REGARDING RELIGIOUS BELIEFS (Please provide information to school in writing)

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; **please provide daytime telephone numbers.**

PRIMARY MEDICAL PROVIDER FIRST/LAST NAME: _____ Phone Number: () _____

PRIMARY CONTACT (other than parent/guardian) Last Name _____ First Name _____	RELATIONSHIP TO CHILD	Home Phone: () _____	Work Phone: () _____
		Cell Phone: () _____	
SECONDARY CONTACT (other than parent/guardian) Last Name _____ First Name _____	RELATIONSHIP TO CHILD	Home Phone: () _____	Work Phone: () _____
		Cell Phone: () _____	
THIRD CONTACT (other than parent/guardian) Last Name _____ First Name _____	RELATIONSHIP TO CHILD	Home Phone: () _____	Work Phone: () _____
		Cell Phone: () _____	

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.

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.

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 the Coupeville School District.

Legal Parent/Guardian Signature _____ Date _____