

# New Student Registration

## Ashley Public School District 9 – Student Registration

Student's Name \_\_\_\_\_ Middle Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ grade level \_\_\_\_\_

\*Is this student Hispanic or Latino? Yes \_\_\_\_\_ No \_\_\_\_\_

\*What is student race? (check all that apply)

\_\_\_\_\_ American Indian \_\_\_\_\_ Black or African American \_\_\_\_\_ Asian

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_ White

Parent/Guardian #1:

Name \_\_\_\_\_

Father \_\_\_\_\_ Stepfather \_\_\_\_\_ Legal Guardian \_\_\_\_\_

Mother \_\_\_\_\_ Stepmother \_\_\_\_\_ Foster Parent \_\_\_\_\_ Other specify relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ check if same as above Check all that apply: \_\_\_\_\_ OK to pick up \_\_\_\_\_ Legal Custody

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Cell phone carrier: \_\_\_\_\_  
(used for Instant Alert system)

Email address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone \_\_\_\_\_ Do not call work \_\_\_\_\_

Parent/Guardian #2:

Name \_\_\_\_\_

Father \_\_\_\_\_ Stepfather \_\_\_\_\_ Legal Guardian \_\_\_\_\_

Mother \_\_\_\_\_ Stepmother \_\_\_\_\_ Foster Parent \_\_\_\_\_ Other specify relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ check if same as above Check all that apply: \_\_\_\_\_ OK to pick up \_\_\_\_\_ Legal Custody

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Cell phone carrier: \_\_\_\_\_  
(used for Instant Alert system)

Email address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone \_\_\_\_\_ Do not call work \_\_\_\_\_

Please check if your child has any medical conditions: \_\_\_\_\_

Other \_\_\_\_\_

**Enrollment/Placement:**

What is the student's primary language? \_\_\_\_\_ English \_\_\_\_\_ Other (specify) \_\_\_\_\_

Does the student have: \_\_\_\_\_ Section 504 Plan \_\_\_\_\_ IEP

Did the student receive any special services from the past school? Please check all that apply.

\_\_\_\_\_ Title I Reading \_\_\_\_\_ Title I Math \_\_\_\_\_ Special Education Services (Resource Room, Speech)

School last attended: School Name \_\_\_\_\_

School Address: \_\_\_\_\_

**Other Children in the Family: (not enrolled in school yet)**

NAME	BIRTH DATE	SEX	SCHOOL
1. _____	_____	_____	_____
<b>EMERGENCY CONTACT #1: (other than parent/guardian)</b>			
2. Name _____	_____	_____	Relationship to student _____
3. Address: _____	_____	_____	_____
4. Home Phone: _____	Cell Phone _____	_____	Work phone _____

**EMERGENCY CONTACT #2: (other than parent/guardian)**

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work phone \_\_\_\_\_

**STORM HOME:**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

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By signing this form I am verifying that the information contained herein is correct.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_