## **SECTION 2**

## **STUDENT INFORMATION SECTION**

hild's Full Name:						Gender:
Las	st	First			Middle	
ailing Address if different	ent from home address:_					
		Identify persons O	ther than pare	ent/guardian who wi	Il be able to arrive at scho	ol within a half hour in the
vent of an emergenc	sy.					
Contact One:			Address:		Re	elationshin:
none 1:		ne 2:				
Contact Two:						
			Address:		Re	elationship:
hone 1:	Pho	ne 2:		-		
Contact Three:						<b>5</b>
contact Name:			Address:			Relationship:
hone 1:	Pho	ne 2:		-		
ARENT/FAMILY IN	FORMATION SECTIO	N				
ist Children in family (ir	ncluding pupil) in order o	f age, oldest first:				
Name	Gender	Birth date		Name	Gender	Birth date
loo your obild ottoodod	Pre-School?Yes	No	If applicable	what was the last are d	o completed by your shild?	
ias your child attended						
	Previous School Attended:				Phone No.:	

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Is your child eligible for migrant education services?Ye	sNo Are you enrolling under the McKinney	y Vento Act?YesNo
Has your child ever been referred to or evaluated by the Chi Does your child have an IEP or 504 Plan? Yes	ld Study Team?YesNo _No Does your child receive Englis	Is your child classified?YesNo sh as a Second Language (ESL) services?YesNo
Does your child qualify to receive federal support as an imm 21 and was NOT born in the U.S. and has not been atten pre-school).		
First Entry Date in US:	First US School Entry Date:(Including Pre-K)	
Does the child living with you hold an F-1 visa?Yes	_No If the answer is yes, please explain:	
This registration form was completed by:		
Print Name	Signature	Date

(Revised 6/5/20)