

Student ID#: _____

Grade: _____

Date: _____

REGISTRAR



DOCUMENT

ERW Code: _____

Homeroom: _____

Social Security #: _____

1. STUDENT IDENTIFICATION:

Name (Student's Full Legal Name as it Appears on Birth Certificate)

Last _____ First _____ Middle _____ Nickname _____

Date of Birth _____ Country of Birth _____ Birth City: _____ Birth State: _____

Social Security #(optional): _____ Last Grade Completed: _____ Current Grade: _____

Last School Attended: _____ County: _____ State: _____

Has your child previously enrolled in Calhoun County schools? YES NO If yes, where _____

Is your child a resident of Calhoun County? YES NO If yes, where _____

Is your child transferring for: Sports Reasons Escape Disciplinary Action

Has your child ever been expelled or suspended from school? YES NO If yes, Reason; Where; When _____

Has your child ever been arrested? YES NO If yes, Reason; Where; When _____

Has your child ever been a client of Juvenile Justice? YES NO Explain _____

SEX:
 Female
 Male

Please mark **all** that apply:
RACE:
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

Please mark **one**:
Ethnicity:
 YES, Hispanic or Latino
 NO, Hispanic or Latino

2. CHILD'S PRIMARY RESIDENTIAL and MAILING ADDRESS and PARENT/GUARDIAN INFORMATION:

Residential Address (please provide proof of residence ex. power bill, tax notice, 911 residential address notice, etc.)

Street No.: _____ Street Name: _____ Apt./Lot #: _____ City: _____ State: _____ Zip: _____ +4 _____

Mailing Address if Different Than Above

Street No.: _____ Street Name or P.O.: _____ Apt./Lot #: _____ City: _____ State: _____ Zip: _____ +4 _____

Directory Consent: Yes No (If yes: name, address, and telephone number may be released to public and private requestors).

Mother or adult female parent/guardian who lives at this address:

Last Name _____ First Name _____

Home Phone: _____ Cell / Beeper #: _____

Employer _____ Work Phone # _____

E-mail Address: _____

Please mark **one** in **each** group.

Custody Type

- Parent
- Guardian
- None (legally)

Relationship

- Mother
- Step Mother
- Grandmother
- Other Relative
- Non-family
- N/A

Father or adult male parent/guardian who lives at this address:

Last Name _____ First Name _____

Home Phone: _____ Cell / Beeper #: _____

Employer _____ Work Phone # _____

E-mail Address: _____

Please mark **one** in **each** group.

Custody Type

- Parent
- Guardian
- None (legally)

Relationship

- Father
- Step Father
- Grandfather
- Other Relative
- Non-family
- N/A

OVER >>>

3. HOME LANGUAGE SURVEY: **4. ESE/PRESCHOOL INFORMATION (please discuss with school personnel):**

1. Did the student have a first language other than English? YES NO
 2. Does the student most frequently speak a language other than English? YES NO
 3. Is a language other than English used in the home? YES NO
 If yes, what language is used? _____
 4. What is national origin (birth country) of student? _____
 5. Date on which student entered the United States (any of the 50 U. S. states, territories, & possessions) ? **Required**
 Month _____ Day _____ Year _____
 * If there is a "yes" answer for questions 1, 2, or 3 please forward a copy of the form to the Special Programs Office.

	YES	NO	If yes, specify name of program
1. Was the child in an Exceptional Education Program <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
in former school? (Gifted, Speech, Hearing Impaired, etc)			
2. Was the child in an ESOL program in former school? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Was the child in a Title 1 Program in former school? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. In the year prior to enrolling in Kindergarten, did your child attend a Preschool Program? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, was it:			
a) Standardized day care <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) In a Head Start Program <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Migrant PreK <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5. HEALTH/MEDICAL INFORMATION:

Does your child have any special health problems? Explain _____
 Is child allergic to anything? YES NO If yes, describe: _____

6. INFORMATION ON SIBLINGS (School Age):

Last Name	First Name	Grade	Age	School Attending
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. HOMELESS and MIGRANT INFORMATION:

Is student homeless? YES NO Please check here and complete the Student Residency Questionnaire if you feel that your child lacks a fixed, regular and adequate nighttime residence and may qualify as homeless or a student in transition. (Student Residency Questionnaire will be provided by school personnel)
 Is student a Migrant? YES NO If yes, what area (fishing, agriculture, etc.) _____

8. CERTIFICATION:

I understand that it is my responsibility to notify the school of any changes in my child's address, custody or emergency information (*attach most recent court order relating to parental responsibility and residency information*). I certify that all information on both sides of this form is correct.

_____ (Parent/Guardian's Signature) _____(Date)