

# NEW STUDENT REGISTRATION – LEGAL VERIFICATION

STUDENT'S FULL NAME \_\_\_\_\_ GRADE \_\_\_\_\_  
First Middle Last

STUDENT'S DATE OF BIRTH \_\_\_\_\_ SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

CITY/COUNTY/STATE OF BIRTH \_\_\_\_\_

MOTHER'S MAIDEN NAME \_\_\_\_\_

NATIVE LANGUAGE: ENGLISH \_\_\_\_\_ OTHER \_\_\_\_\_

IS THE ETHNICITY OF THE STUDENT HISPANIC OR LATINO? \_\_\_\_\_ YES \_\_\_\_\_ NO

RACE: WHITE \_\_\_\_\_ BLACK/AFRICAN AMERICAN \_\_\_\_\_ ASIAN \_\_\_\_\_  
AMERICAN INDIAN OR ALASKAN NATIVE \_\_\_\_\_  
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER \_\_\_\_\_

LOCAL ADDRESS \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

PREVIOUS HOME ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

STUDENT RESIDES WITH: Mother Father Stepparent Guardian  
(Circle all that apply)

NAME OF FATHER \_\_\_\_\_ EMPLOYED BY \_\_\_\_\_

NAME OF MOTHER \_\_\_\_\_ EMPLOYED BY \_\_\_\_\_

OTHER \_\_\_\_\_ EMPLOYED BY \_\_\_\_\_

LAST SCHOOL ATTENDED: \_\_\_\_\_

ADDRESS OF SCHOOL: \_\_\_\_\_

Does Student Receive Special Education Services? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, What Type: SLD \_\_\_\_\_ CD/ID \_\_\_\_\_ MD \_\_\_\_\_ ED \_\_\_\_\_ Speech \_\_\_\_\_

Other \_\_\_\_\_

Has the student ever attended school in this district: Yes \_\_\_\_\_ No \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Last Year Attended \_\_\_\_\_

Is the student currently on suspension or been expelled from the previous school? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_

Has the student ever been suspended ten consecutive days or more or expelled from school?

\_\_\_\_\_ Yes \_\_\_\_\_ No Explain \_\_\_\_\_

