

NEW STUDENT REGISTRATION FORM

| | | | | | | | | |
|---|-------------------|---------------|--------------------|-----------|--|--|------------|--|
| DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY | | | | | BIRTH CERTIFICATE <input type="checkbox"/> Yes <input type="checkbox"/> No | | DATE _____ | |
| STUDENT SCHOOL NUMBER | SCHOOL ENTRY DATE | MEDICAL ALERT | HOMEROOM / ADVISOR | BUS ROUTE | | | | |
| | | | | AM | PM | | | |

| | | | | | |
|--------------------------------------|---|-------------------------|--|----------------|--|
| STUDENT NAME: Legal Last Name | | Legal First Name | Legal Middle Name | Also known as: | US CITIZEN <input type="checkbox"/> Yes <input type="checkbox"/> No |
| BIRTHDATE (Month/Day/Year) | GENDER (M/F) | BIRTHPLACE: City | State | County | Country |
| ENTERING GRADE LEVEL | ETHNIC CODE (Check One) Is your child a Native-American or American Indian? If yes list Tribal affiliation. <input type="checkbox"/> A-Asian or Pacific Islander <input type="checkbox"/> I-American Indian or Alaska Native <input type="checkbox"/> B-Black, not of Hispanic origin Tribe Affiliation _____ <input type="checkbox"/> H-Hispanic <input type="checkbox"/> Multi Racial <input type="checkbox"/> W-White, not of Hispanic origin | | Is a Language other than English spoken at home? Does your child (you) speak a language other than English at home? Child <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ Parents <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ Others in Home <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ | | |

| | | | | | |
|--|--------|---|---|-----------------|-------------------------------------|
| PRIMARY HOUSEHOLD (parent where student resides) #1 Last Name First Name | | STUDENT LIVES WITH <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other _____ | PRIMARY HOUSEHOLD – Phone (include area code) | | Parent #1 Phone (include area code) |
| (parent where student resides) #2 Last Name First Name | | | Please check if unlisted <input type="checkbox"/> | E-mail address: | |
| RESIDENCE ADDRESS | Street | Apt # | City | | State ZIP |
| MAILING ADDRESS (If different from above) | Street | Apt # | P O Box | City State ZIP | |

| | | | | |
|--|--|--|---|--|
| SECOND HOUSEHOLD (non-custodial or joint custodial parent not residing with student) #1 Last Name First Name | | RELATIONSHIP <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other _____ | PHONE #1 (include area code) Home Work Cell | |
| (non-custodial or joint custodial parent not residing with student) #2 Last Name First Name | | | PHONE #1 (include area code) Home Work Cell | |
| SECOND HOUSEHOLD ADDRESS (Street/PO Box, City, State, ZIP) | | | ADDITIONAL MAILINGS REQUESTED <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|--|-------------------------------------|---|--|
| SCHOOL PREVIOUSLY ATTENDED | SCHOOL DISTRICT PREVIOUSLY ATTENDED | PREVIOUS SCHOOL LOCATION (City and State) | |
| HAS STUDENT EVER ATTENDED RIVERVIEW PUBLIC SCHOOLS? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF YES, NAME OF SCHOOL ATTENDED | DATES ATTENDED (Month/Year) | NUMBER OF YEARS IN UNITED STATES SCHOOLS |

| | | |
|--|--|-------------|
| HAS THE STUDENT EVER BEEN SUSPENDED/EXPELLED FOR A WEAPONS VIOLATION? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date: _____ |
| HAS THE STUDENT EVER BEEN SUSPENDED/EXPELLED FOR A DRUG VIOLATION? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date: _____ |
| HAS THE STUDENT EVER BEEN SUSPENDED/EXPELLED FOR AN ASSAULT VIOLATION? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date: _____ |

| | |
|--|---|
| IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No | (If yes, plan must be on file with the school for enforcement-please fill out second household section) |
| IS THERE A RESTRAINING ORDER IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No | (If yes, legal papers must be on file with the school for enforcement) |
| Restraining order is against: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____ | |

| | |
|--|--|
| HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL ED/SPEECH PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No | HAS YOUR CHILD EVER BEEN RETAINED? |
| HAS YOUR CHILD EVER QUALIFIED FOR OR HAD A 504 PLAN? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| HAS YOUR CHILD EVER PARTICIPATED IN: <input type="checkbox"/> Title <input type="checkbox"/> LAP <input type="checkbox"/> Gifted <input type="checkbox"/> ELL <input type="checkbox"/> Other _____ | If yes, at what grade level(s) _____ |

VERIFICATION OF INFORMATION: The information on page one of 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 RIVERVIEW Public Schools.

Legal Parent/Guardian Signature _____ Date _____

| | |
|--|--|
| DOES STUDENT ATTEND CHILD CARE? <input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before and after school | CHILD CARE PROVIDER <i>Name</i> <i>Address</i> <i>Phone Number</i> |
| ADDITIONAL CHILD CARE ARRANGEMENTS <i>(Please provide information to school in writing)</i> | |
| SPECIAL INSTRUCTIONS REGARDING RELIGIOUS BELIEFS <i>(Please provide information to school in writing)</i> | |
| PLEASE LIST OTHER SIBLINGS | |
| <i>Last Name</i> | <i>First Name</i> <i>Birth Date</i> <i>School</i> <i>Grade</i> |
| | |
| | |

PHOTO RELEASE AUTHORIZATION: I give permission for my child's photo to be used for school district publications, newspaper articles and/or on the district website. Yes No _____ Parent/Guardian please initial

| |
|---|
| ADDITIONAL TRANSPORTATION ARRANGEMENTS <input type="checkbox"/> Wheelchair Accessibility <input type="checkbox"/> Car Seat <input type="checkbox"/> Booster Seat <input type="checkbox"/> Student Weight if under age 5 _____ |
| <input type="checkbox"/> AM pick up location if not primary residence (list address) _____ |
| <input type="checkbox"/> PM drop off location if not primary residence (list address) _____ |
| <input type="checkbox"/> Midday drop off or pick up location if not primary residence (list address) _____ <input type="checkbox"/> To school <input type="checkbox"/> From School |

| |
|---|
| Will there be an Adult/Parent present when your student arrives home in the event of Early Dismissal? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> I give permission for my student to arrive home WITHOUT Adult supervision in the event of a School Closure. |
| <input type="checkbox"/> My student is to REMAIN AT SCHOOL until a Parent/Guardian or emergency contact is able to pick her/him up. |

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.

| | | |
|--|-----------------------|--|
| PRIMARY CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i> | RELATIONSHIP TO CHILD | PHONE #1 (include area code) Home Work Cell |
| PRIMARY CONTACT ADDRESS <i>Street</i> <i>City,</i> <i>State,</i> <i>ZIP</i> | | |

| | | |
|--|-----------------------|--|
| SECONDARY CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i> | RELATIONSHIP TO CHILD | PHONE #1 (include area code) Home Work Cell |
| SECONDARY CONTACT ADDRESS <i>Street</i> <i>City,</i> <i>State,</i> <i>ZIP</i> | | |

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. Yes No _____ Parent/Guardian please initial

| | | | |
|---|-----------------------------|--------------------------------|---------------|
| PLEASE LIST ALL HEALTH CONCERNS BELOW: MEDICAL PROBLEMS –MEDICAL RESTRICTIONS, MEDICATIONS, OR INSTRUCTIONS INCLUDING ANY ALLERGIES BELOW: Include glasses, hearing aides, wheelchair, etc. (In order to provide a safe and healthy environment for your child, this information will be accessible to the appropriate school staff and community emergency personnel who may have contact with your child.) | | | |
| <u>Medication or Medical Treatment at home/school</u> | <u>Dosage or Directions</u> | <u>Time of day to be Given</u> | <u>Reason</u> |
| | | | |
| Please submit Physician Medication Authorization form found on Riverview School District website www.riverview.wednet.edu | | | |

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. Yes No _____ Parent/Guardian please initial

VERIFICATION OF INFORMATION: The information on page two of this form is true and accurate as of this date. I certify that I have read and initialed where requested.

Legal Parent/Guardian Signature _____ *Date* _____