

GREEN MOUNTAIN SCHOOL DISTRICT #103 NEW STUDENT REGISTRATION FORM



DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY			
STUDENT NUMBER	SCHOOL ENTRY DATE	MEDICAL ALERT	BUS ROUTE AM PM

STUDENT NAME: Legal Last Name		Legal First Name	Legal Middle Name	Also known as:
BIRTHDATE (Month/Day/Year)	GENDER (M/F)	BIRTHPLACE: City State Country	GRADE LEVEL	
STUDENT SOCIAL SECURITY # (optional)	ETHNIC CODE (Check One) <input type="checkbox"/> A-Asian or Pacific Islander <input type="checkbox"/> B-Black, not of Hispanic origin <input type="checkbox"/> H-Hispanic <input type="checkbox"/> I-American Indian or Alaska Native <input type="checkbox"/> W-White, not of Hispanic origin <input type="checkbox"/> Other	PRIMARY LANGUAGE SPOKEN AT HOME <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	US CITIZEN <input type="checkbox"/> Yes <input type="checkbox"/> No	

PRIMARY HOUSEHOLD (parent/guardian where student resides) 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 _____	PHONE #1 - Home Phone (include area code)	PHONE #2 <input type="checkbox"/> Work <input type="checkbox"/> Cell (include area code)
(parent/guardian where student resides) Last Name First Name			Please check if unlisted <input type="checkbox"/>	PHONE #2 <input type="checkbox"/> Work <input type="checkbox"/> Cell (include area code)
RESIDENT ADDRESS	Street	Apt #	City State ZIP	
MAILING ADDRESS (If different from above)	Street	Apt #	P O Box	City State ZIP

SECOND HOUSEHOLD (non-custodial parent not residing with student) Last Name First Name		RELATIONSHIP <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 _____	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
(non-custodial parent not residing with student) Last Name First Name			PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> 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 GREEN MOUNTAIN SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE ATTENDED (Month/Year)

HAS THE STUDENT EVER BEEN SUSPENDED FOR A WEAPONS VIOLATION? Yes No Date: _____

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? Yes No (If yes, plan must be on file with the school for enforcement)

IS THERE A RESTRAINING ORDER IN EFFECT? Yes No (If yes, legal papers must be on file with the school for enforcement)

Restraining order is against: Mother Father Other _____

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

VERIFICATION OF INFORMATION: The information on 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 in the Green Mountain School District.

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 (Please provide information to school in writing)	

PLEASE LIST OTHER SIBLINGS			
Last Name	First Name	Grade/School	Birth Date (M/D/Y)

SPECIAL INSTRUCTIONS REGARDING RELIGIOUS BELIEFS (Please provide information to school in writing)
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STUDENT'S MEDICAL HISTORY (Check appropriate boxes and describe nature of problem)	DOCTOR OR CLINIC PHONE NUMBER (include area code)
DOCTOR OR CLINIC NAME <input type="checkbox"/> LIFE THREATENING MEDICAL PROBLEMS	<input type="checkbox"/> ALLERGIES

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.

Legal Parent/Guardian Signature _____ *Date* _____

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) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> 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) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> 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.

Legal Parent/Guardian Signature _____ *Date* _____

AUTHORIZATION FOR USE OF PHOTOGRAPHS/VIDEOS

Do you grant permission for your child to be photographed for school district publications (newsletters, brochures, etc.) newspaper articles, videos and slide productions? Yes No

Legal Parent/Guardian Signature _____ *Date* _____