

STUDENT REGISTRATION FORM ADD-ON

INSTRUCTIONS: Complete this form for each child in grades K-12 that needs to be registered with the same household information completed on **REGISTRATION FORM F002**. A copy of each student's Birth Certificate must be provided or on file. **PLEASE PRINT CLEARLY.**

STUDENT 4			
First Name		Hispanic	<input type="checkbox"/> No <input type="checkbox"/> Yes
Middle Name		Race	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander
Last Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth			
Does your child have an IEP or any special education needs? <input type="checkbox"/> No <input type="checkbox"/> Yes			
OFFICE USE ONLY – DO NOT WRITE IN THE SHADED BOXES		Primary Language	<input type="checkbox"/> English <input type="checkbox"/> Other:
		Previous School	
New School		IEP/504	<input type="checkbox"/> IEP <input type="checkbox"/> 504
Grade		Return to District	<input type="checkbox"/> Yes
Homeroom		Birth Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> On File
STUDENT 5			
First Name		Hispanic	<input type="checkbox"/> No <input type="checkbox"/> Yes
Middle Name		Race	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander
Last Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth			
Does your child have an IEP or any special education needs? <input type="checkbox"/> No <input type="checkbox"/> Yes			
OFFICE USE ONLY – DO NOT WRITE IN THE SHADED BOXES		Primary Language	<input type="checkbox"/> English <input type="checkbox"/> Other:
		Previous School	
New School		IEP/504	<input type="checkbox"/> IEP <input type="checkbox"/> 504
Grade		Return to District	<input type="checkbox"/> Yes
Homeroom		Birth Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> On File
STUDENT 6			
First Name		Hispanic	<input type="checkbox"/> No <input type="checkbox"/> Yes
Middle Name		Race	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander
Last Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth			
Does your child have an IEP or any special education needs? <input type="checkbox"/> No <input type="checkbox"/> Yes			
OFFICE USE ONLY – DO NOT WRITE IN THE SHADED BOXES		Primary Language	<input type="checkbox"/> English <input type="checkbox"/> Other:
		Previous School	
New School		IEP/504	<input type="checkbox"/> IEP <input type="checkbox"/> 504
Grade		Return to District	<input type="checkbox"/> Yes
Homeroom		Birth Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> On File