



# Student Registration Form

Campbell County School District does not discriminate on the basis of race, creed, color, religion, nationality, sex, handicapping condition or age in relation to admissions, treatment of students and terms and conditions of enrollment.

|  |                                       |                                  |
|--|---------------------------------------|----------------------------------|
| ID# _____                                  | Area _____                            | Bus _____                        |
| Date Enrolled _____                        | Date Started _____                    |                                  |
| Grade Entered _____                        | AACR _____                            | Cluster _____                    |
| Homeroom _____                             |                                       | Teacher _____                    |
| <input type="checkbox"/> Lunch             | <input type="checkbox"/> Internet     | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Immunization |                                  |

Child's Legal Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Gender \_\_\_\_\_ Birth date \_\_\_\_\_

Grade Entering \_\_\_\_\_

Ethnicity: Is the student Hispanic or Latino? Yes No

What is the student's race? (Circle One) White Black Asian American Indian or Alaska Native Native Hawaiian / Other Pac Islander

Birthplace City \_\_\_\_\_ State \_\_\_\_\_ If born outside of USA where \_\_\_\_\_ Entered USA Date \_\_\_\_\_

If parents are divorced/separated who has custody of the student? \_\_\_\_\_

1st Guardian Name \_\_\_\_\_ Employer \_\_\_\_\_

Employer Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Send Emails of Grades  Attendance  Lunch Balances

2nd Guardian Name \_\_\_\_\_ Employer \_\_\_\_\_

Employer Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Send Emails of Grades  Attendance  Lunch Balances

If Applicable Name/Address of Secondary Household

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_ Send Correspondence Yes No

Names and Birthdates of children living with student: \_\_\_\_\_

Emergency Contact Information (Please list other than Guardian 1 and Guardian 2)

Contact #1 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Contact #2 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Contact #3 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Has this student ever attended CCSD before? Yes or No If yes, when and where \_\_\_\_\_

Has this student ever repeated or been asked to repeat a grade? Yes or No Grade Repeated \_\_\_\_\_

Does the student receive any of the following services: IEP 504 Plan Title1 Gifted/Talented ESL

Do you have a certificate of eligibility for the Federal Migrant Program? Yes or No

First language spoken by student? \_\_\_\_\_ Languages spoken at home? \_\_\_\_\_

Language needed for correspondence between school and home? \_\_\_\_\_

Current language(s) spoken and understood by the student? \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_