



DATE _____

NEW STUDENT REGISTRATION FORM

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY					
STUDENT STATE ID NUMBER (SSID)	SCHOOL ENTRY DATE	MEDICAL ALERT	HOMEROOM NUMBER	LOCKER NUMBER	FOOD SERVICE PIN #

STUDENT NAME: Legal Last Name		Legal First Name	Legal Middle Name	Also known as:
BIRTHDATE (Month/Day/Year)	GENDER (M/F)	BIRTH PLACE: City	State	Country
			County	GRADE LEVEL

For approximately how many years/months has the student received home school instruction? _____ One school year or less _____ School Years

What date did the student first enroll in public education anywhere in the United States? _____ / _____ / _____
 How many months did the student receive formal education outside the United States in the student's native language prior to enrolling in this district? _____

LANGUAGE CHILD CURRENTLY SPEAKS: English Spanish Other _____

MILITARY FAMILY:
 I Yes I No I Not Applicable
 I US Armed Forces Active Duty I Nat'l Guard Member
 I More than one member of Armed Forces/Nat'l Guard I US Armed Forces Reserves

STUDENT LIVES WITH <input type="checkbox"/> Both Parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Foster Parent <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 (Parent/guardian where student resides) <i>Last Name</i> <i>First Name</i>	PHONE - Home (Include Area Code) Please check if unlisted <input type="checkbox"/>	PHONE - Cell (Include Area Code)	
	EMPLOYER:	PHONE – Work (Include Area Code)	E-MAIL <input type="checkbox"/> Home <input type="checkbox"/> Work	
	(Parent/guardian where student resides) <i>Last Name</i> <i>First Name</i>	PHONE - Home (Include Area Code)	PHONE - Cell (Include Area Code)	
	EMPLOYER:	PHONE – Work (Include Area Code)	E-MAIL <input type="checkbox"/> Home <input type="checkbox"/> Work	
RESIDENT ADDRESS	<i>Street</i>	<i>City</i>	<i>State</i>	<i>ZIP</i>
MAILING ADDRESS (If different from above)	<i>Street</i>	<i>City</i>	<i>State</i>	<i>ZIP</i>

RELATIONSHIP <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Foster Parents <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 _____	SECOND HOUSEHOLD (Non-custodial parent <u>not</u> residing with student) <i>Last Name</i> <i>First Name</i>	PHONE (Include Area Code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE (Include Area Code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
	(Non-custodial parent <u>not</u> residing with student) <i>Last Name</i> <i>First Name</i>	PHONE (Include Area Code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE (Include Area Code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
	SECONDARY HOUSEHOLD ADDRESS (<i>Street/PO Box, City, State, ZIP</i>)		ADDITIONAL MAILING 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 STEVENSON-CARSON PUBLIC SCHOOLS? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, NAME OF SCHOOL ATTENDED		DATE ATTENDED (Month/Year)

Additional Registration Information on other side...

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 QUALIFIED FOR OR HAD A 504 PLAN?	<input type="checkbox"/> Yes <input type="checkbox"/> No
HAS YOUR CHILD EVER PARTICPATED IN:	<input type="checkbox"/> Title <input type="checkbox"/> LAP <input type="checkbox"/> Gifted <input type="checkbox"/> ELL <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 or assignment to Renaissance Collegiate Academy.

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 Name _____ Address _____ Phone Number _____
ADDITIONAL CHILD CARE ARRANGEMENTS (Please provide information to school in writing)	

SPECIAL INSTRUCTIONS REGARDING RELIGIOUS BELIEFS (Please provide information to school in writing)

EMERGENCY MEDICAL AUTHORIZATION: I understand that in the event of an 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) Last Name _____ First Name _____	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 Street _____ City _____ State _____ ZIP _____			
SECONDARY CONTACT (other than parent/guardian) Last Name _____ First Name _____	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 Street _____ City _____ State _____ ZIP _____			

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, or currently on file. This includes those listed as childcare provider.

Legal Parent/Guardian Signature _____ Date _____