Garfield School District Pupil Registration

Pupil's Legal Name_____
Last First Middle Nickname

Address_____
Street Address City State Zip

Mailing Address (if different)_____**email**_____
Street address City Zip

Female ☐ **Male** ☐ **Birthdate**_____ **Grade level**_____
Month / day /year

Birthplace_____ (Please provide copy of Birth Certificate)
City State Country

School last attended_____**School address**_____
City State

Has attended preschool yes ☐ **no** ☐ **If yes, how long**_____ **Where** _____

Preschool: Name_____Address_____

Parent/Guardian Information Student resides with (check one or complete "other" blank)

Both Parents ☐ Mother ☐ Father ☐ Step-Parent ☐ Legal Guardian(s)☐ Other_____

Mother _____
Name Occupation Employer Phone/email

Father _____
Name Occupation Employer Phone/email

Step-Parent_____
Name Occupation Employer Phone/email

Legal Guardian_____
Name Occupation Employer Phone/email

Siblings (under 18 years of age):

Name_____Birthdate_____ Gender Male ☐ Female ☐
Name_____Birthdate_____ Gender Male ☐ Female ☐
Name_____ Birthdate_____ Gender Male ☐ Female ☐
Name_____Birthdate_____Gender Male ☐ Female ☐
Name_____ Birthdate_____ Gender Male ☐ Female ☐

If student was not born in the United States, please provide the following information:

Entry date to USA_____ Country of Origin _____ Entry date 1st US school _____

Home Language Survey

Which language did the student learn when he/she first began to talk?_____
What language does the student use most at home?_____
What language do you use most frequently to speak to the student?_____
Name the language most often spoken by adults at the student's home_____

Special Education

Has your child ever received special instructions in the English language? Yes ☐ No ☐
Does your child have an IEP ☐ If so, what institution holds these records _____

Ethnicity

Is this student Hispanic or Latino? ***Y*** ☐ ***N*** ☐

Race

Regardless of what you selected for ethnicity, please mark one or more boxes to indicate what you consider your child's race to be:

American Indian or Alaska Native	☐	Guamanian	☐	Other Asian	☐
Asian Indian	☐	Hawaiian	☐	Other Pacific Islander	☐
Black or African American	☐	Hmong	☐	Samoan	☐
Cambodian	☐	Japanese	☐	Tahitian	☐
Chinese	☐	Korean	☐	Vietnamese	☐
Filipino	☐	Laotian	☐	White	☐

Parent Education Level

(Mark the response that describes the education level of your most educated parent)

Graduate School	☐	College Graduate	☐	Some College (includes AADegree)	☐
High School Graduate	☐	Some High School	☐	Decline to State	☐

Emergency/Health Information

Name/address of student's doctor_____Phone_____

In case of an accident and we cannot contact you, would you be willing to have the school take your child to the doctor or hospital? **Yes** ☐ **No** ☐

In case of emergency, please name: two responsible adults to whom your child may be sent if you are not home during the day.

Name _____**Address**_____**Phone**_____

Name _____**Address**_____ **Phone**_____

Does the student have any of the following:

Eye problem ☐ Wears Glasses/Contacts ☐ Hearing Loss ☐ Wears Hearing Aid ☐ Asthma ☐ Epilepsy ☐ Serious Bee Sting Allergy ☐ Diabetes ☐ Limited Physical Activity ☐

If so, please explain?_____

Does this pupil have any physical handicaps or limitations?

If yes, please specify:_____

Does this pupil take any long-term medications? ☐ If yes, please specify:_____

Does your pupil have any food allergies? Yes ☐ No ☐ If yes please specify_____

Specific reactions? _____

Does your pupil have any other significant health problems? ☐ If yes please specify: _____

_____

Parent/Guardian Signature_____Date_____