

Garfield School District Pupil Registration

Pupil's Legal Name

Last First Middle Nickname

Address Phone

Street address City 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 Work Phone

Father Name Occupation Employer Work Phone

Step-Parent. Name Occupation Employer Work Phone

Legal Guardian Name Occupation Employer Work Phone

Siblings (under 18 years of age):

Name Birth.date Gender Male Female

Name Birth.date Gender Male Female

Name Birth.date Gender Male Female

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/Postgraduate training		College Graduate		Some College (includes AA Degree)	
High School Graduate		Not a high school graduate		Declined to State or unknown	

See back
Emergency/Health Information

Name/address of student's doctor _____ Phone _____

In case of 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 narnt: a responsible adult 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: _____

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

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

Please describe a typical reaction _____

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

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 _____

If other than English is indicated above, please complete the following:

Has your child ever received special instructions in the English language? Yes ☐ No ☐

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

Entry date to USA _____ Country of Origin _____ Entry date to first US school _____

Parent/Guardian Signature _____ Date _____

Do Not Write Below This Line.

Official Use Only

Verifications: By _____ Date _____

Pupil's Birth date _____

Documents Provided

Birth Certificate **Yes** ☐ **No** ☐

Immunization Waiver **Yes** ☐ **No** ☐

All Immunizations **Yes** ☐ **No** ☐

If no, missing doses _____

Inter-district transfer **Y** ☐ **N** ☐ If yes, Pupils district of residence _____

Dates of Transfer agreement _____
