Garfield School District Pupil Registration

STUDENT INFORMATION

Pupil's Legal Name_____
Last First Middle Nickname

Address_____
Street Address City State Zip

Mailing Address (if different)_____ **Email**_____
Street Address City State 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?**_____ **District** _____

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

Guardian _____
Name Occupation Employer Phone Email

SIBLING INFORMATION

Sibling #1 _____ **Gender:** Male ☐ Female ☐
Name Date of Birth

Sibling #2 _____ **Gender:** Male ☐ Female ☐
Name Date of Birth

Sibling #3 _____ **Gender:** Male ☐ Female ☐
Name Date of Birth

Sibling #4 _____ **Gender:** Male ☐ Female ☐
Name Date of Birth

Sibling #5 _____ **Gender:** Male ☐ Female ☐
Name Date of Birth

HOME LANGUAGE SURVEY

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

Entry Date into the U.S. _____ Country of Origin _____ Entry Date 1st U.S. School_____

Which language did the student use when he/she began to talk? _____

What language does the student use most at home? _____

What language do you use most to speak to the student? _____

Name the language most spoken by adults in the student's home _____

EDUCATION, ETHNICITY & RACE

Has your student ever received special instruction in the English language? Yes ☐ No ☐

Does your child have an IEP? Yes ☐ No ☐ If yes, which institution holds these records? _____

Is this student Spanish or Latino? Yes ☐ No ☐

Please mark one or more boxes below about what you consider your child's race to be:

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

Mark the response that describes the education level of the most educated parent:

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

EMERGENCY AND 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 an emergency, please provide contact information for two responsible adults with whom we can send your child home with:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Does the student have any of the following?

Eye Problem ☐	Hearing Loss ☐	Asthma ☐	Bee Sting Allergy ☐
Wears Glasses/Contacts ☐	Wears Hearing Aid(s) ☐	Epilepsy or Seizures ☐	Limited Physical Activity ☐

If so, please explain: _____

Any physical handicaps or limitations? Yes ☐ No ☐ If yes, please specify: _____

Taking any long-term medications? Yes ☐ No ☐ If yes, please specify: _____

Any food allergies? Yes ☐ No ☐ If yes, please specify, including specific reactions: _____

Any other significant health problem? Yes ☐ No ☐ If yes, please specify: _____

_____

Parent/Guardian Signature: _____ **Date** _____