



Lake Hamilton School District #5 Registration Form



Office use only: Primary (K-1)

Elementary (2-3) Intermediate (4-5) Middle (6-7)

Jr. High (8-9)

High School (10-12)

Date Enrolled _____

Student ID# _____ (Cafeteria #)

Car Rider _____

Grade _____

Teacher _____

Bus # _____ AM Bus # _____ PM Shift _____

Student Information: ***PLEASE PRINT!!!***

Child's Legal Last Name _____

First Name _____

Middle _____

Preferred Name _____

Gender _____

Social Security # _____

Student's Street Address – **Where they live** _____

Mailing Address – **If Different** _____

City/State _____

Zip Code _____

Distance from School _____

Home Phone _____

Birth date _____

Birthplace - City & State _____

WHO DOES CHILD LIVE WITH: _____ Relationship to Child (**CIRCLE ONE**) Both Parents Mother Only

Name/Names

Father Only

Father/Stepmother

Mother/stepfather

Grandparent

Legal Guardian

Foster Parent

WHO IS THE LEGAL GUARDIAN(S) OF CHILD _____

CONTACTS – PLEASE LIST IN ORDER OF PRIORITY – PLEASE INCLUDE PARENT/GUARDIAN IN CONTACTS

Parent/Legal Guardian _____

Second Contact _____

Third Contact _____

Fourth Contact _____

Home Phone &/or Cell Phone _____

Home Phone &/or Cell Phone _____

Home Phone &/or Cell Phone _____

Home Phone &/or Cell Phone _____

Employer & Work Phone # _____

Employer & Work Phone # _____

Employer & Work Phone # _____

Employer & Work Phone # _____

Contact's Relationship to Child _____

Contact's Relationship to Child _____

Contact's Relationship to Child _____

Contact's Relationship to Child _____

Parent/Guardian E-mail address – for notification purposes: _____

“WHO IS NOT ALLOWED” TO PICK UP YOUR CHILD, LIST THEM HERE! ID'S WILL BE CHECKED! Legal documentation needs to be in the student's permanent folder.

PLEASE FILL IN ***BOTH*** SIDES OF THIS FORM COMPLETELY! ***PLEASE PRINT!!!***

Medical Information we need to know about your child:

Family Physician: _____ Office Phone: _____

In case of emergency, when all attempts have been made to make contact with me, I give the school permission to take whatever action deemed necessary.

Yes or No Signature: _____

Medicaid Eligible: Yes or No Medicaid Number: _____ AR Kids: _____

Federal and State Reporting Requirements, PLEASE ANSWER ALL. If checking more than one, indicate order and percentage below:

Please answer: Hispanic or Latino: Yes or No _____ (If No or of multiple ethnicities please choose from the following categories):

American Indian or Alaska Native: Yes or No _____ Percentage Asian: Yes or No _____ Percentage Black/African-American: Yes or No _____ Percentage

Native Hawaiian or Other Pacific Islander: Yes or No _____ Percentage White/Caucasian: Yes or No _____ Percentage

Federal Home Language Survey

What is the language spoken in your home most of the time? _____

Language spoken by the student most of the time? _____

Language spoken by the parents to the student most of the time? _____

Has the student resided in the U.S. for less than one year? Yes or No What is the approximate entry date in the U.S. (month) _____ (year) _____

Transfer School Information

Last School Attended _____ Phone Number _____

Complete Address _____

Has your child ever been retained? Yes or No If yes, what grade _____

Is your child currently under expelled/suspended status or expulsion proceedings from a previous school? Yes or No () Parent Initials

Check any special services/programs in which your child currently participates: Do we need to request the free/reduced lunch form from previous school Yes or No Sp. Ed. Yes or No Speech Yes or No 504 Yes or No ACE/GT Yes or No ESL/LEP Yes or No Alternative Learning Environment Yes or No

Did the student attend a preschool (20 hours per week/9 months of the year)? _____ If so, where? _____

Other Children in the Home

Please list all children (and their birth date) living in your home regardless of age or current school enrollment.

1. _____ 2. _____ 3. _____ 4. _____

5. _____ 6. _____ 7. _____ 8. _____

If conditions deem necessary, do you give permission for your child to receive corporal punishment? Please check choice(s)

Yes or No Call First _____ Signature _____

I understand that my child may ONLY carry a CLEAR or MESH backpack or bag to school. Signature _____

Parent Email Address for School Notification: _____

If ANY information should change any time during the school year, you must notify the school immediately in order to update information in the office!!