

Beacon City School District Student Registration Form

For Office Use ONLY	Student Id: _____	Family Id: _____	Date of Entry: _____	School: _____
Today's Date: _____		Address Verified <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Immunization Records <input type="checkbox"/>		
<input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Re-enrolling		Grade at Entry: _____ <i>Note: Official grade level to be determined by Principal of assigned school.</i>		

Check one: Regular Kindergarten Pre-K

For Office Stamp

Please Print Clearly

Student Name: Legal Last Name		Legal First Name	Legal Middle Name
Birth Date (Mo./Day/Year) ____/____/____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Birthplace: (City) _____ (State/Province) _____ (Country) _____ If other than US: date of entry into US: _____ last country of residence: _____	
Ethnicity: (Check One) Hispanic/Latino/Spanish Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No		Primary Language Spoken by Child: <input type="checkbox"/> English <input type="checkbox"/> Other If other, please specify: _____	
Race Code (Choose 1 or more) - Optional <input type="checkbox"/> I-American Indian or Alaska Native <input type="checkbox"/> A-Asian <input type="checkbox"/> W-White <input type="checkbox"/> B-Black/African American <input type="checkbox"/> P-Native Hawaiian /Other Pacific Islander		Primary Language Spoken by Parent/Guardian (other than English) Mother: _____ Father: _____ Language Spoken in the Home: _____	

If you and your child are living in a shelter; with relatives or others due to lack of housing; in an abandoned apartment/building, in a motel/hotel, camping ground, car, train/bus station or other similar situation due to the lack of alternative, adequate housing; or temporarily housed in a shelter awaiting a OCFS permanent foster care placement you may be eligible for assistance with the enrollment process and transportation.

Student's Address:

Residence Address	Street	Apt #	City	State	Zip
Mailing Address (if different from above)	Street	Apt #	PO Box	City	State Zip
Student resides with:	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parents <input type="checkbox"/> Step Parents <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Self <input type="checkbox"/> Other (Specify) _____				

Mother:	<u>Last:</u>	<u>Maiden:</u>	<u>First:</u>
Mother's Residence Address	Street	Apt #	City State Zip
Mailing Address (if different from above)	Street	Apt #	PO Box City State Zip

Please check daytime phone (used by principal, nurse, teacher, etc. for contact during the school day); include area code

Home Phone _____ - _____ - _____ Work Phone _____ - _____ - _____ ext. _____ **Current Employer:** _____
 Cell Phone _____ - _____ - _____ Pager _____ - _____ - _____ **Email Address:** _____

Father:	<u>Last:</u>	<u>First:</u>
Father's Residence Address	Street	Apt # City State Zip
Mailing Address (if different from above)	Street	Apt # PO Box City State Zip

Please check daytime phone (used by principal, nurse, teacher, etc. for contact during the school day); include area code

Home Phone _____ - _____ - _____ Work Phone _____ - _____ - _____ ext. _____ **Current Employer:** _____
 Cell Phone _____ - _____ - _____ Pager _____ - _____ - _____ **Email Address:** _____

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Step Parent - if applicable: (<input type="checkbox"/> Mother or <input type="checkbox"/> Father)	Last:	First:		
Step Parent's Residence Address	Street	Apt #	City	State Zip
Mailing Address (if different from above)	Street	Apt #	PO Box	City State Zip
Please check daytime phone (used by principal, nurse, teacher, etc. for contact during the school day); include area code				
<input type="checkbox"/> Home Phone _____ - _____ - _____	<input type="checkbox"/> Work Phone _____ - _____ - _____	ext. _____	Current Employer: _____	
<input type="checkbox"/> Cell Phone _____ - _____ - _____	<input type="checkbox"/> Pager _____ - _____ - _____	Email Address: _____		
Legal Guardian - if Applicable:				
	Last:	First:		
Guardian's Residence Address	Street	Apt #	City	State Zip
Mailing Address (if different from above)	Street	Apt #	PO Box	City State Zip
Please check daytime phone (used by principal, nurse, teacher, etc. for contact during the school day); include area code				
<input type="checkbox"/> Home Phone _____ - _____ - _____	<input type="checkbox"/> Work Phone _____ - _____ - _____	ext. _____	Current Employer: _____	
<input type="checkbox"/> Cell Phone _____ - _____ - _____	<input type="checkbox"/> Pager _____ - _____ - _____	Email Address: _____		
Please enter phone # for AUTOMATED CALLS (used for school closings, district reminders, etc.); include area code: _____ - _____ - _____				

Physical Custody with: _____

Is there a restraining order in effect? No
 Yes (Legal papers must be on file with the District Registrar.
A copy will be sent to appropriate school enforcement.)

Restraining order is against: Mother Father Other (please specify) _____

Emergency Contacts: Please fill in information below for **at least two (2) contacts**

***** DO NOT ENTER parent/guardian as an emergency contact** (as this information appears on page 1)

Contact 1	Relationship	Phone # 1 (include area code) Select one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Phone # 2 (include area code) Select one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Last Name First Name _____ _____	_____ _____	_____-_____-_____ _____	_____-_____-_____ _____
Contact 2	Relationship	Phone # 1 (include area code) Select one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Phone # 2 (include area code) Select one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Last Name First Name _____ _____	_____ _____	_____-_____-_____ _____	_____-_____-_____ _____
Contact 3	Relationship	Phone # 1 (include area code) Select one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Phone # 2 (include area code) Select one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Last Name First Name _____ _____	_____ _____	_____-_____-_____ _____	_____-_____-_____ _____