

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: Gr. 1-12
 Kindergarten
 Pre-K
 Pre-School
 IEP (Special Ed Dept.
 504 (General Ed)

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) _____	
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. If any of these housing situations apply, please check here

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"/> Parent One Only <input type="checkbox"/> Parent Two Only <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parents <input type="checkbox"/> Step Parents <input type="checkbox"/> Parent/Stepparent <input type="checkbox"/> Self <input type="checkbox"/> Other (Specify) _____				

Parent One	<u>Last:</u>	<u>Maiden:</u>	<u>First:</u>
Parent One'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: _____

Parent Two:	<u>Last:</u>	<u>First:</u>
Parent Two'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:	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 _____	_____	_____ - _____ - _____	_____ - _____ - _____
Last Name _____ First Name _____	_____	_____ - _____ - _____	_____ - _____ - _____
Last Name _____ First Name _____	_____	_____ - _____ - _____	_____ - _____ - _____

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Previous Schools Attended Has Student attended Beacon City Schools before? Yes No

List all previous schools attended, including Beacon City School District (list most recent first)

School Name	Address	City	State	From	To	Grade(s)	Please Check:	
							<input type="checkbox"/> Public	<input type="checkbox"/> Private
							<input type="checkbox"/> Public	<input type="checkbox"/> Private
							<input type="checkbox"/> Public	<input type="checkbox"/> Private
							<input type="checkbox"/> Public	<input type="checkbox"/> Private
							<input type="checkbox"/> Public	<input type="checkbox"/> Private
							<input type="checkbox"/> Public	<input type="checkbox"/> Private

Year began school in the United States: _____

Special Services

<p>Has your child ever qualified for or been enrolled in a Special Ed. Program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has your child ever qualified for or had a 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has your child ever participated in: <input type="checkbox"/> Title <input type="checkbox"/> IEP <input type="checkbox"/> Gifted <input type="checkbox"/> Speech <input type="checkbox"/> Other _____</p> <p>Has your child ever been enrolled in English as a Second Language Program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Has your child been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what grade? _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; font-size: small;"><i>NOTE: Official grade level will be determined by the Principal of the assigned school.</i></p> </div>
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Safety

Has your child ever been suspended for a weapons violation? Yes No If Yes, date: _____

Siblings: Please list siblings attending the Beacon City School District:

Last Name	First Name	School	Grade

Student Release Authorization

Legal Parent Signature: _____ Date: _____