

Original: Student Cum Folder Copies: Office, Nurse, Guidance		<b>ENFIELD PUBLIC SCHOOLS - Registration Information</b>				Dark gray areas for Office Use only
						Entry Date:
<b>STUDENT FIRST NAME</b>	<b>STUDENT MIDDLE NAME (Full)</b>	<b>STUDENT LAST NAME</b>	Suffix	Gender	State ID:	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	Student ID:	
				Grade	School Name:	
Date of Birth	<b>Ethnicity – Please respond to Questions 1 and 2: (Official Federal Codes)</b>			U.S. Citizen: (If No, show proof of immigration status)	School #:	
	1. Is the student Hispanic/Latino? <input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> Yes <input type="checkbox"/> No	Counselor:	
Place of Birth: City & State	2. What is the student's race? (Check one or more even if you answered "Yes" to the Hispanic/Latino question)			Dominant Language	Grade: YOG:	
	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White				Homeroom:	
	<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander				Team:	
<b>Parent/Guardian #1 student lives with:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster <input type="checkbox"/> Agency <input type="checkbox"/> Other				
Name:		Address		Home Phone	Place of Employment	
				Work Phone:		
				Cell Phone		
Parent Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated (Child Custody - Proof needed if Divorced or Separated)				email:		
<b>Parent/Guardian #2 student lives with:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster <input type="checkbox"/> Agency <input type="checkbox"/> Other				
Name:		Address		Home Phone	Place of Employment	
				Work Phone		
				Cell Phone		
Parent Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated (Child Custody - Proof needed if Divorced or Separated)				email:		
<b>Emergency Contact Name (Other than Parent/Guardian)</b>		Relationship		Emergency Contact Phone: (Home) (Cell)		
1.		1.		1. 1.		
2.		2.		2. 2.		
Physician Name	Physician Phone	Hospital Preference		Allow Photo / Video (ex., Photo ID, Class Picture)		
				<input type="checkbox"/> Yes If Yes, your decision will remain in effect until parent/guardian changes.		
				<input type="checkbox"/> No		
<b>Previous/Current School:</b>		<b>Homeschooled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Preschool Experience:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
School Name:		Grade Student Withdrew:		Birth to Three Program: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address:		Last Day Student Attended:		Preschool/Daycare Name:		
City: State: Zip Code:		Special Education: <input type="checkbox"/> Yes <input type="checkbox"/> No		Address:		
		504 Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No		Start Date: End Date: # Yrs:		
<b>Daycare Facility</b>				Transportation Information		Lunch Code:
Name:		Phone:		<input type="checkbox"/> Bus AM # _____ <input type="checkbox"/> Bus PM # _____		SPED:
Address:				<input type="checkbox"/> Daycare Van _____ <input type="checkbox"/> Walker		ELL:
Sibling(s) Name/Grade/DOB:						
PARENT/GUARDIAN SIGNATURE:				DATE:		