

AFFTON SCHOOL DISTRICT – REGISTRATION INFORMATION

Name of Student _____ Grade _____
Last First Middle

Sex: M F Age _____ Date of Birth ____/____/____
Month Day Year

Place of Birth _____ Student Cell Phone: _____
City State Country

Is this student Hispanic/Latino? (Choose only one)

- No, not Hispanic/Latino
- Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.

What is the student's race? (Choose one or more)

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Is English the primary language spoken at home? YES NO If no, please specify language _____

PREVIOUS SCHOOLS ATTENDED (from Kindergarten to present)

Name of School	City/State	Grade(s)	Dates attended

Special Education:

- Has student been referred for a special education evaluation or evaluated by the current or previous school district? YES NO Grade(s) _____
- Does student receive special education services and/or related services? YES NO Grade(s) _____
- Does student have a current I.E.P.? YES NO
- Has student received speech/language services? YES NO Grade(s) _____

- Additional Information:**
- Has student received remedial reading services? YES NO Grade(s) _____
 - Has student been retained? YES NO Grade(s) _____
 - Does student have 504 Plan? YES NO

Adults with whom child is living: Is there a court order or parenting plan in place? [] Yes [] No If yes, provide copy

Address _____ **Home Phone:** _____
Number Street Zip code

(Circle One): Father/Stepfather/Male Guardian/Other **Marital Status:** Married, Single, Divorced, Widowed, Separated

Full Name _____ Cell Phone _____ Work Phone _____

Place of Employment _____ Occupation _____ Email Address _____

(Circle One): Mother/Stepmother/Female Guardian/Other **Marital Status:** Married, Single, Divorced, Widowed, Separated

Full Name _____ Cell Phone _____ Work Phone _____

Place of Employment _____ Occupation _____ Email Address _____

Biological Parents who live at a different address from the student

Address _____ **Home Phone:** _____
Number Street Zip code

(Circle One): Father/Stepfather/Male Guardian/Other **Marital Status:** Married, Single, Divorced, Widowed, Separated

Full Name _____ Cell Phone _____ Work Phone _____

Place of Employment _____ Occupation _____ Email Address _____

(Circle One): Mother/Stepmother/Female Guardian/Other **Marital Status:** Married, Single, Divorced, Widowed, Separated

Full Name _____ Cell Phone _____ Work Phone _____

Place of Employment _____ Occupation _____ Email Address _____

Military Status Complete if Applicable (check all that apply):

A student residing in the house of a person (family) who is on active duty or serving in the reserve component of a branch of the United States Armed Forces. Include children who are living with family due to parents being deployed.

Active duty

National Guard or Reserve

Signature of parent/guardian enrolling student _____ Date: _____