

Spencer-Van Etten School UPK 4 Year Old Registration 2018 - 2019

Do you live in the Spencer-Van Etten School District: Yes ___ No ___
 If no, you **must** obtain permission from the Superintendent of Schools to attend.
 Have students been previously enrolled at Spencer-Van Etten: Yes ___ No ___

Office Use Only	Student Number:	Date Enrolled:
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Student Information

First Name:		Middle Name:		Last Name:	
Date of Birth:	Male ___ Female ___	Grade	<i>Ethnic Group</i> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Multi-racial <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaii/Pacific Islander <input type="checkbox"/>		
Residence Address					
Street:		City:			
State:	Zip:	County:			

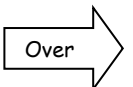
Is the student currently in foster care? Yes___ No ___	If yes, county that placed child:
Is there an active court order? Yes___ No ___	Is student currently categorized as homeless? Yes___ No ___

Previous School Information

Name of Most Recent School District:	Alternative Placement: Yes ___ No ___	
Name of Building:	Last Date Attended:	
Address:	Number of Years Attended:	
Other school districts attended:	Date:	
Was the student receiving any of the following services at his or her last school? Check all that apply. Reading <input type="checkbox"/> Math <input type="checkbox"/> Other Related Services (Speech, O/T, P/T, Vision) <input type="checkbox"/>		
Is the student currently receiving Special Education services (has an IEP or Section 504)?	Yes___ No ___	Grade _____
Has the student ever received Special Education services (has an IEP or Section 504)?	Yes___ No ___	Grade _____
Was the student ever retained?	Yes___ No ___	Grade _____

Other Children in Family (include children not of school age)

Name	Grade	Birth Date	Name	Grade	Birth Date



Parent/Guardian Information

Biological Mother Full Name Mrs./Ms./Miss	Home Phone: ()	Cell Phone: ()
Mailing Address:	Email address:	
Employer:	Employer City:	Employer Phone: ()
Resides with mother? Yes__ No __	If no, requests extra mailing? Yes__ No __	
Name of Step-Parent or Other (living in household):	Relationship to parent:	

Biological Father Full Name	Home Phone: ()	Cell Phone: ()
Mailing Address:	Email address:	
Employer:	Employer City:	Employer Phone: ()
Resides with father? Yes__ No __	If no, requests extra mailing? Yes__ No __	
Name of Step-Parent or Other (living in household):	Relationship to parent:	

Guardian Full Name Mr./Mrs./Ms./Miss	Home Phone: ()	Cell Phone: ()
Mailing Address:	Email address:	
Employer:	Employer City:	Employer Phone: ()

Emergency Contacts

Please indicate the names and phone numbers of a least two responsible adults with whom you have made arrangements to take responsibility for your child(ren) in case of an emergency if you cannot be contacted.

Name:	Address:	
Relationship to student(s):		
Phone - Home:	Cell:	Work:

Name:	Address:	
Relationship to student(s):		
Phone - Home:	Cell:	Work:

Parent/Guardian Signature

Date