

Spencer-Van Etten School Registration 2017-2018

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 previously enrolled at Spencer-Van Etten: Yes ___ No ___

Office Use Only	Student Number: _____	Date Enrolled: _____
------------------------	-----------------------	----------------------

Student Information

First Name: _____		Middle Name: _____		Last Name: _____	
Date of Birth: _____	Male ___ Female ___	Grade _____	<i>Ethnic Group</i> (Check all that apply) Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <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 ___
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	Gender
			Male___ Female___
			Male___ Female___
			Male___ Female___
			Male___ Female___
			Male___ Female___

Parent/Guardian Information

Biological Mother Full Name Mrs./Ms./Miss			Home Phone: ()		Cell Phone: ()	
Mailing Address: Street:				Email address:		
City:		State:	Zip:		County:	
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: Street:				Email address:		
City:		State:	Zip:		County:	
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: ()	

*Please list any parent that is Active Duty: _____

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