

Spencer-Van Etten School Registration 2019-2020

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 ___

Student Information

Date: _____

First Name:		Middle Name:		Last Name:	
Date of Birth:	Male ___ Female ___	Grade	Ethnic Group (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:					
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 ___

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: ()	

*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:	

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___
			Male___ Female___

Parent/Guardian Signature

Date