

# D'ARBONNE WOODS CHARTER SCHOOL STUDENT REGISTRATION FORM

All information is kept strictly confidential. Please notify the school if any information changes.

School Year: 2020-2021 Grade level of student in August 2020: \_\_\_\_\_

## STUDENT INFORMATION

SSN \_\_\_\_\_ Legal Name \_\_\_\_\_  
Last First Middle Suffix  
Nickname (Name Student Uses): \_\_\_\_\_ Sex:  Male  Female / Ethnicity: Hispanic/Latino  Yes  No  
Please mark one or more of the following to indicate student's race even if you marked Hispanic Ethnicity as Yes above.  
Race:  White  Black/African American  Asian  American Indian/Alaska Native  Native Hawaiian/Pacific Islander  
Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

## PREVIOUS SCHOOL HISTORY & LIMITED ENGLISH PROFICIENCY

Last school attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Grade \_\_\_\_\_ Exit Date \_\_\_\_\_  
Are you currently under expulsion from a school system?  Yes  No If yes, please provide expulsion dates \_\_\_\_\_  
Has student ever been retained?  Yes  No If yes, what grade? \_\_\_\_\_  
Has student ever been administered LEAP/ End of Course test/ Graduation Exit Exam?  Yes  No  
If yes, when and where? \_\_\_\_\_  
Does student have a current IEP (IDEA)?  Yes  No  
Has the student ever received special education services?  Yes  No (check all that apply) Speech \_\_\_\_\_ Gifted & Talented \_\_\_\_\_ APE \_\_\_\_\_  
O.T. \_\_\_\_\_ P.T. \_\_\_\_\_ Vision \_\_\_\_\_ Hearing \_\_\_\_\_ Classroom Instruction: \_\_\_\_\_ regular \_\_\_\_\_ resource \_\_\_\_\_ self-contained  
Does student have a current IAP (504)?  Yes  No  
If registering for kindergarten, has student received a prekindergarten experience at one of the following?  
01  Public School Prekindergarten 05  Head Start Program  
02  Nonpublic Prekindergarten 06  Tribal School Prekindergarten  
03  Licensed Childcare 07  Home  
04  Family Day Care Home Program Name of PreK provider: \_\_\_\_\_

Birthplace \_\_\_\_\_ If born outside of USA, first entry date into USA to establish residency \_\_\_\_/\_\_\_\_/\_\_\_\_  
City State Country mm dd yyyy  
First language learned by student \_\_\_\_\_ Language student uses most often at home \_\_\_\_\_  
Language student uses most often with other students \_\_\_\_\_ Language parents use most often at home \_\_\_\_\_  
For communication purposes is a translator needed?  Yes  No

## OTHER IMPORTANT INFORMATION

Health Concerns: List allergies (food, insects, medicine, environment), illnesses, and mental/physical disabilities your child may have.  
(Be specific, notify each teacher, and call your school nurse at 368-8051.) \_\_\_\_\_

Custody Concerns: Custody paperwork (signed by a judge) is attached.  Yes  No \_\_\_\_\_

*\*Both Health/Custody concerns must be updated yearly.*

Additional comments or concerns: \_\_\_\_\_

## SIGNATURE

I, as custodial parent/guardian, verify that the information supplied is correct.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## OFFICE USE ONLY

Entry Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Entry Reason \_\_\_\_\_ Grade \_\_\_\_\_  
State UID # \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_  
Notifications: 504? \_\_\_\_\_ SpED? \_\_\_\_\_ ELL? \_\_\_\_\_ Migrant? \_\_\_\_\_ Military? \_\_\_\_\_  
On File: Health Card \_\_\_\_\_  
Records Request \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
AM: Bus # \_\_\_\_\_ Bus # \_\_\_\_\_ Car? \_\_\_\_\_ / PM: Bus # \_\_\_\_\_ Bus # \_\_\_\_\_ Car? \_\_\_\_\_

Student Name \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Primary Guardian \_\_\_\_\_ Relationship \_\_\_\_\_ Student Resides with  Yes  No  
Last First Middle

Residential Address (No P.O. Boxes) \_\_\_\_\_  
Street Apt/Unit/Lot City State Zip Code

Mailing Address \_\_\_\_\_  
(If different from residential) Street Apt/Unit/Lot City State Zip Code

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_ Military Rank \_\_\_\_\_  
 Active Duty  Reserve/National Guard

Employer Address \_\_\_\_\_  
Street Apt/Unit/Lot City State Zip Code

Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Additional Guardian \_\_\_\_\_ Relationship \_\_\_\_\_ Student Resides with  Yes  No  
Last First Middle

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_ Military Rank \_\_\_\_\_  
 Active Duty  Reserve/National Guard

Employer Address \_\_\_\_\_  
Street Apt/Unit/Lot City State Zip Code

Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Migrant: Has either guardian ever been employed in any agricultural or fishing industry?  Yes  No

**OTHER CHILDREN**

List all other children in chronological order, oldest to youngest. Use full name.

Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ School/Grade \_\_\_\_\_

**EMERGENCY INFORMATION / CHECK OUT AUTHORIZATION (Person(s) to notify other than parents in emergency.)**

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Doctor \_\_\_\_\_ Hospital \_\_\_\_\_

In the event of an emergency, if the parents or previously named persons cannot be reached, the school has my permission to transport the student to:  above hospital  nearest facility

**SCHOOL TRANSPORTATION**

Morning Transportation:  Bus  Own Vehicle \_\_\_\_\_ Bus#

Afternoon Transportation:  Bus  Own Vehicle \_\_\_\_\_ Bus#

Name of Daycare (if applicable): \_\_\_\_\_

**SIGNATURE**

I, as custodial parent/guardian, verify that the information supplied is correct.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_