

D'ARBONNE WOODS CHARTER SCHOOL STUDENT REGISTRATION FORM

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

School Year: 2025-2026 Grade level of student in August 2025: _____

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 _____

Name _____ D.O.B. ____/____/____ School/Grade _____

Name _____ D.O.B. ____/____/____ School/Grade _____

Name _____ D.O.B. ____/____/____ School/Grade _____

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 ____/____/____