



# Northview Public Schools Registration Form 2017.2018

Grade Level: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Start Date: \_\_\_\_\_

**Student's Legal Name:** \_\_\_\_\_  
(Last) (First) (Middle)

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_  
Month / Day / Year City/State

Main Contact Phone: (\_\_\_\_\_) \_\_\_\_\_ Is this a cell #?  Yes  No

**Student Address:** \_\_\_\_\_  
Street Number & Name Apt. # City Zip

**Previous school student attended (most recent):** \_\_\_\_\_

**Special Services:** Does student receive any of the following special services? (mark all that apply below)

- Inclusion       Resource Room       Self-Contained Classroom       504 Plan       Current IEP
- OT/PT       Reading       Social Work       Speech       ESL

**Student Resides with:**

- Both Parents       Shared Custody       Guardian       Foster Home
- Father Only       Mother Only       Relative \_\_\_\_\_       Court Placed
- Father/Stepmother       Mother/Stepfather

**English Language:** Is your child's native tongue a language *other* than English?  Yes  No

If so, what is that language? \_\_\_\_\_

Is the primary language used in your child's home or environment a language other than English?  Yes  No

If so, what is that language? \_\_\_\_\_

**Parents/Guardians Living at Primary Address:** (non-residential parent info is on reverse side)

◆ Parent / Guardian Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

◆ Parent / Guardian Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

**Siblings:** Please list all other children in the family and their birthdates

\_\_\_\_\_

**Racial/Ethnic Data:** State and Federal regulations require the collection of racial/ethnic data.

Both parts must be completed. If either part is not answered the school district is required to supply an answer.

Is this student Hispanic/Latino?  No, not Hispanic/Latino  Yes, Hispanic/Latino

What is the student's race? (choose as many as apply)

- American Indian or Alaskan Native       Asian       Black/African American
- Native Hawaiian/Other Pacific Islander       White

(Over)

**Legal Alert:**

Person(s) to whom my child MAY NOT HAVE CONTACT WITH due to a court document (copy of current document must be attached or have been previously provided):

**Release to:** Additional contacts my child MAY BE RELEASED TO: (we will not knowingly release your child to anyone other than the contacts listed on this form, without expressed written consent)

**Parent Living Elsewhere?:** (non-primary residence)  Yes  No

Parent Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Street Number & Name

Apt. #

City / State

Zip

Employer: \_\_\_\_\_ Request mailings be sent to this parent?  Yes  No

**Emergency Information:** List two (2) adults we can call if parent/guardian cannot be reached.

◆ Emergency Contact Person: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

◆ Emergency Contact Person: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

**Medical Conditions / Concerns:**

Asthma  Bee Stings  Allergies: \_\_\_\_\_

Diabetes:  Other: \_\_\_\_\_

**Field Trip and Photo Release:**

◆  Yes  No This student has my permission to attend scheduled field trips arranged by the school.

◆  Yes  No Northview Public Schools has my permission to use photographs of this student for publications, newsletters, media, website etc. (excludes yearbook)

**I affirm that as the parent / legal guardian, all information provided above is true and accurate, and that my child and I reside at the listed address:**

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

**Law requires** that schools give parents and students the opportunity to opt out of a school's disclosure of directory information. FERPA allows parents or student to opt-out for all disclosure of directory information (including listings in a yearbook or other school publications).

If you wish to opt out from disclosure of information, please initial here. \_\_\_\_\_

**Northview Public Schools** does not discriminate on the basis of race, color, religion, gender, national heritage, age, height, weight, marital status, handicap, disability, or limited English proficiency in any of its programs or activities.