

FOR SCHOOL USE ONLY:

Date Enrolled: _____ Entry Code _____ Student ID # _____ Records Requested _____ Graduation Yr _____

Birth Cert (NRS 392) Health (NRS 392) Guardianship Form Sp.Ed. Proof of Res. Variance

CARSON CITY SCHOOL DISTRICT STUDENT REGISTRATION FORM

Name: _____ Grade Entered: _____
(Student's legal (last name) (first name) (middle name) as per birth certificate)

Gender: M F Date of Birth: _____ Birth City: _____ Birth State: _____

Birth Country: _____ Date Entered United States: _____ Date Entered United States Schools: _____

Student Resides With (circle): Mother & Father Mother Step-Mother Father Step-Father Legal Guardian(s)

Legal Guardian (s): You must supply the School with a copy of the legal guardianship paperwork. Received: YES NO

Home Address: _____
Street City Zip

Mailing Address: _____
Street or P.O. Box City Zip

Home Phone: ()

Is student ¼ (25%) AMERICAN INDIAN or enrolled in a tribe? _____ Yes _____ No

If not, was the student's parent/grandparent enrolled in a tribe? _____ Yes _____ No

Parent/Legal Guardian Information

Father's Name: _____

Mother's Name: _____

Home Address: _____

Home Address: _____

City _____ State _____ ZIP _____

City _____ State _____ ZIP _____

Home Phone: ()

Home Phone: ()

Cell Phone: ()

Cell Phone: ()

Employer: _____

Employer: _____

Work Phone: ()

Work Phone: ()

Email Address: _____

Email Address: _____

Stepparent Information

Stepfather's Name: _____

Stepmother's Name: _____

Cell Phone: ()

Cell Phone: ()

Employer: _____

Employer: _____

Work Phone: ()

Work Phone: ()

Legal Restriction Information: You must supply the School with a copy of the legal restriction paperwork. Rec: Yes No

If either parent is legally restricted from this student, please specify: _____

Sibling Information

Sibling(s) At This School _____ Grade _____ Sibling _____ Grade _____
Sibling Enrolled in Other Carson City Schools _____ School _____ Grade _____
Sibling Enrolled in Other Carson City Schools _____ School _____ Grade _____
Sibling Enrolled in Other Carson City Schools _____ School _____ Grade _____

Previous School Information:

Name of last school this student attended: _____
Address of last school attended: _____
City: _____ State: _____ Phone Number: _____
Has the student ever attended a Carson City school in the past? (circle) YES NO Years Attended ? _____
Which Carson City School (circle)? CHS PIONEER EVMS CMS BORD/BRAY EMPIRE SEELIGER MARK TWAIN FRITSCH FREMONT

Does your child have a current Individualized Educational Plan. (IEP) (Circle one) YES NO	If yes, specify category	Does your student have a 504 Accommodation Plan (Circle one) YES NO
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Home Language Survey

The Carson City School District needs to determine the language spoken in the home of each student. This information is essential so that the school can provide appropriate instruction for all students. We ask your cooperation in helping us comply with this important requirement. Thank you.

1. First language learned by the student? _____
2. Language spoken by student with friends? _____
3. Language used in the home? _____
4. Do you require written translation of information sent home? ____ yes ____ no If yes, specify language _____
5. Do you require oral translation when meeting with school officials? ____ yes ____ no If yes, specify language _____

Student Living Arrangements

The Carson City School District has access to resources for students who are experiencing challenges in their living arrangements that may affect their academic success. In order to see if your child may be eligible, please check the choice that best describes the student's living situation: Own/Rent _____ Doubled with another family for financial reasons _____ Unemployed _____ Evicted _____ Hotel/Motel _____ RVPark _____ Institution _____ FosterCare _____ Other _____

ALL SCHOOLS MEDIA NEWS

Occasionally throughout the school year, students receive public recognition for their participation in school activities. This recognition could include television interviews, highlights, newspaper articles, a list of honor roll students, sports team members, school contests, and classroom projects, etc. If you **do not** want to have your child's name and/or photograph (or any other general information, such as age and grade level) released to the media, please sign this form.

Please **do not** release my child's name, photograph, or any other information to the media.

Student's Name _____ Parent's Signature _____ Date _____

ATTENTION: HIGH SCHOOL STUDENTS ONLY

Phone numbers and/or addresses will be available for representatives from colleges and universities. A signature means you **do not** want your child's information released.

Parent/Guardian Signature or High School Student Signature (if 18 or older) _____ Date _____

Parent/Guardian signature _____ Date _____