

# White Pine County School District

1135 Ave C Ely, NV 89301

School(s) Attending \_\_\_\_\_

**Primary Household Address** All student information/mailings will be sent to this household

Physical Address		Bldg no.	Apt no.	Primary Phone
City			State	Zip
Mailing /PO Box	City		State	Zip

**Parent/Guardian Information** Parent(s)/Guardian(s) living in primary household with student(s)

Last	First	Middle	DOB (MM/DD/xxxx)	Relationship to student
Nickname	Email address		Cell phone no.	Work Phone
Last	First	Middle	DOB (MM/DD/xxxx)	Relationship to student
Nickname	Email address		Cell phone no.	Work Phone

**Children** List ALL children living in the household for which you or your spouse are the parent/legal guardian

1.Last	First	Middle	Gender	Nickname	Cell Phone	DOB (MM/DD/YR)	Grade
Race/Ethnicity: Is this child Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No Select one or more of the following that apply: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White							
2.Last	First	Middle	Gender	Nickname	Cell Phone	DOB (MM/DD/YR)	Grade
Race/Ethnicity: Is this child Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No Select one or more of the following that apply: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White							
3.Last	First	Middle	Gender	Nickname	Cell Phone	DOB (MM/DD/YR)	Grade
Race/Ethnicity: Is this child Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No Select one or more of the following that apply: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White							
4.Last	First	Middle	Gender	Nickname	Cell Phone	DOB (MM/DD/YR)	Grade
Race/Ethnicity: Is this child Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No Select one or more of the following that apply: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White							
5.Last	First	Middle	Gender	Nickname	Cell Phone	DOB (MM/DD/YR)	Grade
Race/Ethnicity: Is this child Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No Select one or more of the following that apply: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White							

Office Staff

Birth Certificate Y N Immunizations Y N

Student Number \_\_\_\_\_ Date Enrolled \_\_\_\_\_ Enrollment Code \_\_\_\_\_

**Secondary Household** Complete this section if the children living in your household reside Part-time with another parent/guardian during the school year. You may request mailings to this household.  Yes Second Mailing

Physical Address		Bldg no.	Apt no.	Primary Phone
City			State	Zip
Mailing /PO Box	City		State	Zip

**Secondary Parent/Guardian Information**

Last	First	Middle	DOB (MM/DD/yyyy)	Relationship to student
Nickname	Email address	Cell phone no.	Work Phone	<input type="radio"/> Joint Custody <input type="radio"/> Non-Custodial
Last	First	Middle	DOB (MM/DD/yyyy)	Relationship to student
Nickname	Email address	Cell phone no.	Work Phone	<input type="radio"/> Joint Custody <input type="radio"/> Non-Custodial

**Local Emergency Contact** Provide the Legal name of a person(s) who may be contacted if the parent(s)/guardian(s) is unavailable and who is authorized to pick-up the student in an emergency.

Last	First	Middle	Relationship to Student	Phone Number	DOB mm/dd
Last	First	Middle	Relationship to Student	Phone Number	DOB mm/dd

<p><u>Kindergarten Enrollment Question</u></p> <p>What type of preschool did your child attend most often in the past 12 months? Please select the one that best applies to you.</p> <ul style="list-style-type: none"> <li><input type="radio"/> 1. None/Stayed Home</li> <li><input type="radio"/> 2. Friends/Family/Neighbor Care</li> <li><input type="radio"/> 3. Provided by the School District</li> <li><input type="radio"/> 4. Head Start</li> <li><input type="radio"/> 5. Provided by a Private Child Care Facility or Other Daycare Center</li> <li><input type="radio"/> 6. Provided by a Home-Based/Family Care Center (child care provided in someone else's home)</li> <li><input type="radio"/> 7. Provided by or at the University or College Campus</li> </ul>	<p><u>Please complete our other registration forms.</u></p> <p>Click on each link below</p> <ul style="list-style-type: none"> <li>Code of Honor - Each child per school</li> <li>Educational Accord - Each child per school</li> <li>Emergency Release - Each child per school per year</li> <li>Home Language - Each child first time registration</li> <li>Photo Video - Each child per school</li> <li>Responsible Use Policy - Each child per school</li> <li>Residency Questionnaire</li> <li>- Each child per school update yearly</li> <li>Register Your Athlete (For highschool sports)</li> </ul>
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\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date