

WEBSTER COUNTY SCHOOLS
REGISTRATION FORM

DATE ENROLLED: _____ GRADE: _____

STUDENT NAME: _____

COUNTY OF RESIDENCE: _____ HOME NUMBER: _____

911 ADDRESS: _____ CITY _____ STATE _____ ZIP _____

MAILING ADDRESS: _____ CITY _____ STATE _____ ZIP _____

DATE OF BIRTH: _____ AGE: _____ MALE ___ FEMALE ___

IS STUDENT OF HISPANIC/LATINO ETHNICITY: ___ YES ___ NO

RACE: American Indian or Alaska Native ___ Asian ___ White ___

Black/African American ___ Native Hawaiian or Other Pacific Islander ___

Did your child attend a Pre-K program, public or private, prior to entering Kindergarten? _____

If so, which program did they attend: Public ___ Private ___ Headstart ___

Has your child received any of the following services:

Special Education: ___ Gifted: ___ ESOL/ELL: ___ SST: ___ RTI: ___ EIP: ___

Required Information:

1. Was your child born in the United States? Yes _____ No _____

2. Is English the language spoken by you and your family most of the time at home? Yes _____ No _____

3. If answered no to question # 2, what language is spoken? _____

4. Has your household had to move to another city, county, or state, in the last 3 years **in order to work** in any of the following agricultural areas? Yes _____ No _____ If yes, please mark all areas that apply:

- Agriculture; planting/picking vegetables or fruits such as tomatoes, squash, grapes, onions, strawberries, blueberries, etc.
- Planting, growing, or cutting trees; raking pine straw
- Processing/packing agricultural products
- Dairy/Poultry/Livestock
- Meatpacking/Meat processing/Seafood
- Fishing or fish farms
- Other (please specify occupation): _____

5. Has your child attended school in a non-USA school for more than 3 consecutive years? ___ Yes ___ No

FAMILY INFORMATION

FATHER/PADRE/GUARDIAN

MOTHER/MADRE/GUARDIAN

NAME: _____

CELL PHONE: _____

WORK PHONE: _____

STUDENTS LIVES WITH: _____ RELATIONSHIP: _____

Is student's parent/guardian on active duty for the United States Armed Forces (including National Guard or Reserve Forces). Yes _____ No _____

Parent/Guardian: _____ Branch: _____

IF YOUR CHILD IS INJURED SERIOUSLY AND YOU OR YOUR EMERGENCY CONTACT PERSON(S) CANNOT BE REACHED, WITHIN A SHORT TIME; DOES THE SCHOOL PRINCIPAL/ASSISTANT PRINCIPAL HAVE YOUR PERMISSION TO SEEK THE BEST MEDICAL ATTENTION POSSIBLE FOR YOUR CHILD IN HIS/HER OWN JUDGMENT? YES _____ NO _____

SIGNATURE OF PARENT OR GUARDIAN