

# Eddyville Charter School 2017-18 REGISTRATION FORM

Office Use:  Entered in SIS \_\_\_\_\_

Date \_\_\_\_\_ Entering Grade: \_\_\_\_\_

**STUDENT INFORMATION:**

• Student's LEGAL Name: \_\_\_\_\_ • Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle Mo. Day Year

• Student's PREFERRED Name: \_\_\_\_\_ • Gender: (circle) M F  
Last First Middle

• Student's E-Mail address: \_\_\_\_\_

• Last 4 digits of SSN: \_\_\_\_\_ (Last four digits of the Social Security number (SSN) is optional.)  
*This information is used for recordkeeping and verification of prior enrollment but will not be given to the general public. See district policy or our student/parent handbook for a description of how this information may be used.*

• Residence Address: \_\_\_\_\_ • City/State/Zip: \_\_\_\_\_

• Mailing Address (if different): \_\_\_\_\_ • City/State/Zip: \_\_\_\_\_

• Primary Contact Phone#(\_\_\_\_\_) \_\_\_\_\_ (  Unlisted) • STUDENT Cell Phone#: (\_\_\_\_\_) \_\_\_\_\_

• Resident School District (if not LCSD): \_\_\_\_\_ • County of Residence: \_\_\_\_\_

• Birthplace: (City, State) \_\_\_\_\_ • Country of Birth \_\_\_\_\_

• Date in United States: \_\_\_\_\_ • Ethnicity: Is the student Hispanic/Latino? \_\_\_\_ Y \_\_\_\_ N  
(person of Cuban, Mexican, Puerto Rican, South or Central American, or Spanish culture/origin)

• Race (check all that apply):  American Indian-Alaska Native  Asian  Black-African American  Native Hawaiian or other Pacific Islander  White

*Note: Ethnic and race information is optional. However, if you do not answer the federal government requires school district 'Observers' to complete the ethnicity/race data.*

**PARENT OR LEGAL GUARDIAN: Authorized to sign for, and make decisions relating to, this student.**

**1.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship:  Mother  Father  Step Parent  Legal Guardian  Other \_\_\_\_\_

Employer \_\_\_\_\_ Preferred Language: \_\_\_\_\_

#1 Contact Phone \_\_\_\_\_ Cell Work Home

#2 Contact Phone \_\_\_\_\_ Cell Work Home

Email: \_\_\_\_\_  
Please print clearly

Check only those that apply.

Lives in the Household

Receives mailings

Access to Gradebook

Can pick-up Student

Authorized to make Transportation changes

**2.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship:  Mother  Father  Step Parent  Legal Guardian  Other \_\_\_\_\_

Employer \_\_\_\_\_ Preferred Language: \_\_\_\_\_

#1 Contact Phone \_\_\_\_\_ Cell Work Home

#2 Contact Phone \_\_\_\_\_ Cell Work Home

Email: \_\_\_\_\_  
Please print clearly

Check only those that apply.

Lives in the Household

Receives mailings

Access to Gradebook

Can pick-up Student

Authorized to make Transportation changes

**EMERGENCY CONTACTS (other than parents/guardian listed previously)**

The following information is needed so that we can react to the many and varied situations which occur during a school year. There are times when we are unable to contact you and must call on an Emergency Contact person to whom you have given the authority to: 1) Authorize the school to release your student in the event we are unable to reach you, and/or 2) direct us in the handling of an emergency involving your child.

\*List up to four contacts in preferred calling order, including the relationship to the student.

This DOES NOT give these contacts the authority to change the transportation plan.

3. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_ Cell Work Home  
Relationship: \_\_\_\_\_ Preferred Language \_\_\_\_\_  
 Household Contact     This student only     Lives with Student?

4. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_ Cell Work Home  
Relationship: \_\_\_\_\_ Preferred Language \_\_\_\_\_  
 Household Contact     This student only     Lives with Student?

5. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_ Cell Work Home  
Relationship: \_\_\_\_\_ Preferred Language \_\_\_\_\_  
 Household Contact     This student only     Lives with Student?

6. First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_ Cell Work Home  
Relationship: \_\_\_\_\_ Preferred Language \_\_\_\_\_  
 Household Contact     This student only     Lives with Student?

**MAILING ADDRESS FOR PARENT OR GUARDIAN OUTSIDE THE HOUSEHOLD**

Not applicable

If correspondence (ie Report card) is to be sent to another household also, please provide information below.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street Address or PO Box/City/State/Zip*

Signature of Parent/Guardian completing this form:

Date: \_\_\_\_\_

**ADDITIONAL INFORMATION**

- Is student attending on a student transfer from another LCSD school?  Yes  No  
 (If yes, from which school? \_\_\_\_\_)
- Is student currently expelled or pending expulsion from their previous school?  Yes  No
- What school did your child last attend? \_\_\_\_\_

**OTHER PROGRAMS**

- What is the Student's first language?  English  Other. If other, what language? \_\_\_\_\_
- Has the Student been receiving any of the following services?  Special Education  504 Plan  
 Title 1 Reading  English as a Second Language  Talented & Gifted  
 Other \_\_\_\_\_

**OTHER SCHOOL-AGE CHILDREN LIVING IN THE HOUSEHOLD**

Name	Date of Birth	School
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

**Note:**

Please provide copies of any legal paperwork affecting the child's attendance and release or access restrictions to School Administration as soon as possible.

**The information provided in these registration materials is true and accurate to the best of my knowledge. I am authorized to register this student as a parent, guardian or legal custodian.**

Name of Parent/Guardian Registering this student: (Please Print Clearly) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date

*Thank you for taking the time to provide us with complete and accurate information, so we can best manage the needs of your child this school year!*