



2009-10

# New Student Registration Information

Office Use Only	
Student ID Number:	_____
Date: _____	Start Date: _____
Immunization: Y N	Birth Certificate: Y N
Dental: Y N	Lead (K only): Y N

**Elementary Calendar Choice:**  Traditional  Year Round Education (YRE)

Legal Name \_\_\_\_\_ Gender  M  F  
Last Name First Name Middle Suffix

Birth Date \_\_\_\_\_ Nickname \_\_\_\_\_ Grade 2009-10 \_\_\_\_\_

Birthplace \_\_\_\_\_ Date Entered US \_\_\_\_\_  
City State Country (IF NOT USA) (If not born in US) Month Day Year

Email Address \_\_\_\_\_

Kindergarten students only, did this student attend preschool?  Yes  No

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

What is the student's race? (Select *all* that apply.)  
 American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander  
 Asian  White  
 Black or African American

Home Primary Language (if different than English) \_\_\_\_\_

**Primary Student Address and Phone**

Address	Apt/Lot #	City	State	Zip
_____				
Home Phone (____) _____				

**Parent/Guardian Residing with Student**

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
 Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
 Email Address \_\_\_\_\_

**Spouse of Parent/Guardian Listed Above and Residing with Student**

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
 Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**Parent/Guardian Not Residing with Student** (Non-Custodial Parent, etc.)

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

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

Work Phone (\_\_\_\_) \_\_\_\_\_ Spouse Name \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

**Former School Information**

Did this student attend Indianola Community Schools **last** year? Yes No

If No, please list the last school attended: \_\_\_\_\_

School Name		
(____)		
Address	City/State/Zip	Phone Number

Has this student **ever** attended Indianola schools before? Yes No Year \_\_\_\_\_

**Emergency Contact** (someone not listed on the front in case you can't be reached)

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

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

Work Phone (\_\_\_\_) \_\_\_\_\_

**Child Care Provider or Afterschool Program**

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**Household Information**

<i>School-Age Siblings</i>	<i>Grade/Age</i>	<i>School-Age Siblings</i>	<i>Grade/Age</i>
_____	_____	_____	_____
_____	_____	_____	_____

Does this student qualify for special services; i.e., Gifted and Talented, 504 Plan, ELL, Title I?	Yes	No
<b>If yes, please explain</b>	_____	

Does this student receive Special Education services and have an Individualized Education Plan (IEP)?

Yes No

**If yes, please explain** \_\_\_\_\_

\_\_\_\_\_

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