

Office Use Only
 Enrollment Date: _____
 Records Requested Date: _____
 Birth Certificate Verification Date: _____

**New Registration / Emergency Card
 Fox Point-Bayside School District**

STUDENT INFORMATION

Student Last Name: (As it appears on Birth Certificate)		Student First Name: (As it appears on Birth Certificate)		Student Middle Name:
Grade:	Gender: M F	Date of Birth:		
City of Birth:	State of Birth:	Country of Birth:	County of Birth:	
Ethnicity				
1. Is this child Hispanic or Latino? (choose only one) <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino				
2. Is this child: (Choose one or more. You must select at least one) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White				

PARENT/GUARDIAN INFORMATION

Family 1 (PRIMARY) Where Student Resides

Home Address: _____ City _____ State _____ Zip _____			
Name (Primary Contact):		Name (Secondary):	
Check one: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other		Check one: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other	
Email Address:		Email Address:	
Primary Phone (All Automated Calls will go to this number): _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work			
Second Phone: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		Second Phone: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Third Phone: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		Third Phone: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Employer:		Employer:	

Family 2

Home Address: _____ City _____ State _____ Zip _____			
Name:		Name:	
Check one: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other		Check one: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other	
Home Phone: _____			
Email Address:		Email Address:	
Work Phone:		Work Phone:	
Cell Phone:		Cell Phone:	
Employer:		Employer:	

EMERGENCY INFORMATION

Name(s) of person(s) to be called when parent/guardian cannot be reached

Name	Relationship	Daytime Phone/Cell Phone

MEDICAL INFORMATION

Doctor Name:	Doctor Phone:	Dentist:	Dentist Phone:
Significant Health Concerns:			
Known Allergies (specify):			
Will your child require the taking of prescription/non-prescription medication at school? If yes, please see office for proper form. <input type="checkbox"/> YES <input type="checkbox"/> NO			
If, in the judgment of school authorities, emergency treatment is required, I authorize my child to be transported by ambulance to a hospital for treatment. I understand that the contacted ambulance provider does reserve the right to convey the patient to the nearest definitive care hospital of their choice, should they deem it necessary.			
I hereby authorize the physician(s) at the hospital to give emergency treatment to my child. To the best of my knowledge, the above information is current and correct.			
Signature of Parent/Guardian:			Date:

SIBLING INFORMATION

First Name	Last Name	Gender	Date of Birth	Grade	School

LAST SCHOOL ATTENDED (for entering kindergarten students, please list any preschool attended)

School Name:			Last Grade Completed:		
Address:		City/State	Zip:	Phone:	
Year child began schooling in US:		Has your child been expelled from a previous school district? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Is your child presently participating in any of the following programming options?

Gifted and Talented <input type="checkbox"/> YES <input type="checkbox"/> NO	504 Accommodation Plan <input type="checkbox"/> YES <input type="checkbox"/> NO
Did your child first learn to speak a language other than English and/or reside in a household where a language other than English is spoken? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, which language?	

The following information is to be used as part of the screening process required under PI 11.02(2)(b) to identify students who require, or possibly require, special education services. Does your child have any of the following conditions?

Does your child have an Individualized Education Program (IEP) with his or her former school? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Specific Learning Disability (SLD)	YES	NO	Autism (A)	YES	NO
Emotional Behavior Disturbance (EBD)	YES	NO	Cognitive Disability / Other Developmental Disability (CD/DD)	YES	NO
Speech and Language Handicap	YES	NO	Orthopedic Impairment (OI)	YES	NO
Traumatic Brain Injury (TBI)	YES	NO	Other Health Impairment (OHI)	YES	NO
Visual Impairment (VI)	YES	NO	Significant Developmental Delay (SDD)	YES	NO
Hearing Impairment (HI)	YES	NO	Other, List:		

Has your child ever been evaluated or placed in a program for special education needs? (This includes early childhood services before starting kindergarten) If yes, please describe:	YES	NO
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Do you have any younger children (ages 0-5) that may be eligible for special or exceptional programs? If yes, please list them below.	YES	NO
First Name	Last Name	D.O.B.

Is there any other information that would be helpful for the school to know?

As a parent/guardian, I hereby affirm we presently reside in the Fox Point-Bayside School District or have filled out the necessary paperwork to attend school within the Fox Point-Bayside School District. The information provided on this form is correct.

Signature of Parent/Guardian: _____ **Date:** _____