

ALPENA SCHOOL DISTRICT STUDENT REGISTRATION FORM

PLEASE COMPLETE THE FOLLOWING REQUIRED INFORMATION

Student Last Name	First	Middle	Grade	Sex
Social Security Number (optional)	Birthdate	Birthplace	Home Phone	Primary Contact Phone

Is the student Hispanic or Latino? (Choose Only One) ___ No, not Hispanic or Latino ___ Yes, Hispanic or Latino

What is the student's race? (Check One or More) ___ American Indian or Alaska Native ___ Asian
 ___ Black or African American ___ Native Hawaiian or Other Pacific Islander ___ White

Primary Home Language : (language spoken at home)	Does the student reside in the household of a person who is on active military duty or serving in the reserve of the United States armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No
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GUARDIAN INFORMATION

Person(s) with whom student is living with: (Check One)

___ Both Parents ___ Mother Only ___ Father Only ___ Self ___ Agency
 ___ Mother/Stepfather ___ Father /Stepmother ___ Stepfather/Stepmother ___ Guardian ___ Other (Specify)

Is there a divorce, separation, abandonment, custody or endangerment situation involving this child? ___ Yes ___ No

Is there a court order that restricts either parent from contact with the student or access to student records? ___ Yes ___ No

Do you have a current court order on file in the office? ___ Yes ___ No

1 st Parent/Guardian Last Name	First Name	Work Place/City /State	Work Phone	Ext
			Cellular/Pager	
1 st Parent/Guardian Mailing Address		City/State	Zip	
911 Street Address		City/State	Zip	

2 nd Parent/Guardian Last Name	First Name	Work Place/City/State	Work Phone	Ext
			Cellular/Pager	
2 nd Parent/Guardian Address		City/State	Zip	

List persons (other than yourself) usually available during the school day who have agreed to care for and provide transportation for your student if he/she becomes ill or injured and you cannot be reached and/or who has access (visit, check out, pick-up) to the child during school hours.

Name	Relationship to Student	Address	Phone	Alternate Phone
Name	Relationship to Student	Address	Phone	Alternate Phone
Name	Relationship to Student	Address	Phone	Alternate Phone
Name	Relationship to Student	Address	Phone	Alternate Phone
Name	Relationship to Student	Address	Phone	Alternate Phone

Office Use Only	Start Date	HR Teacher	Triand City/State
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Student: _____

SIBLING INFORMATION

List brothers, sisters, stepbrothers, and stepsisters younger than 18 years of age whose residence is within the Alpena School District. Do not include the student for whom this form is made.

Name	Male/Female	Date of Birth

MEDICAL INFORMATION

Does the student have any special needs or health problems? ___ Yes ___ No
If yes, please list problem(s) and provide current medical documentation:

Family Doctor & Preferred Hospital: _____

In case of serious accident or illness and the school is unable to reach a parent or guardian, the school will take action deemed necessary to help the student.

PREVIOUS SCHOOL INFORMATION

Last School Attended	Grade	Address of Former School, City State, Zip
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Has your child ever attended Alpena School District? ___ Yes ___ No Pre-School/HeadStart Program? ___ Yes ___ No
If yes: Pre-School Attended _____ Year(s) Attended _____

Has your child been expelled from a previous district, or currently involved in expulsion proceedings? ___ Yes ___ No

Has your child ever been enrolled in any special programs? ___ Yes ___ No If yes, specify _____

TRANSPORTATION

Transportation for school each day (please check one):

Distance to School: _____

- ___ Student will be a car rider morning/afternoon daily
- ___ Student will be a walker morning/afternoon daily
- ___ Student will ride the bus morning/afternoon daily (please give exact directions to pick up/drop off)

AM Bus	PM Bus
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RESIDENCY VERIFICATION

In order to satisfy the district's residency requirements, the student, parent, military guardian, court-appointed legal guardian or person acting as a parent must provide one (1) or more of the following items as proof of residency.

- Property Tax Statement
- Real Estate Contract
- Legal Property Description
- Other (Specify)
- Utility Bill/Agreement
- Rental Agreement/Receipt
- Telephone Bill

Please indicate your residency arrangements		
<input type="checkbox"/> Doubled-Up With Another Family/Friends	<input type="checkbox"/> Emergency/Transitional Shelter	<input type="checkbox"/> Own or Rent Home/Apt.
<input type="checkbox"/> Living in Hotel/Motel	<input type="checkbox"/> Unsheltered (Car, Park)	<input type="checkbox"/> Other (Specify)

NOTICE: According to Arkansas law §6-18-202, any person who knowingly submits false information to satisfy residency requirements for public school enrollment shall be subject to a fine not to exceed five hundred (\$500) dollars. By signing this form, you are certifying to the Alpena School District that the above information provided is accurate and that you are a resident of this district.

**I verify that the information provided on this form is accurate and current, and that I am legal parent/guardian of the student.
I can access the handbook online ___ Yes ___ No**

Signature of Parent/Guardian

Print Name of Parent/Guardian

Date