



BISMARCK MIDDLE SCHOOL STUDENT REGISTRATION FORM 2018-2019

STUDENT:

(Last Name)

(Middle Name)

(First Name)

LEGAL LAST NAME (if different) _____ SEX: _____ GRADE: _____

SOCIAL SECURITY NUMBER (Optional): _____ - _____ - _____ BIRTHDATE ____/____/____

ETHNIC &/OR RACIAL GROUP (Check those that apply)

Hispanic/Latino American Indian/Alaska Native Asian

Black or African American Native Hawaiian/Pacific Islander White

MAILING ADDRESS _____ CITY _____ ZIP _____

PHYSICAL ADDRESS (REQUIRED) _____

DIRECTIONS TO AND/OR LOCATION OF HOME: _____

DISTANCE FROM SCHOOL: _____ (miles) BUS NUMBER OR NAME: _____

Primary Contact Number: _____ (*Ist # to call to contact child's guardian/parent*).

Home Phone Number: _____ **Email Address (optional):** _____

Cell Phone Number: _____ (Used to inform of BMS updates and school closings)

ADULT OR ADULTS WITH WHOM STUDENT CURRENTLY RESIDES:

(First & Last Name)

(Relationship to Student)

(Work Place)

(Work Phone)

(First & Last Name)

(Relationship to Student)

(Work Place)

(Work Phone)

List below all who are authorized to be contacted concerning your child in an emergency situation; and **may check him/her out of school**. (Please list in order of desired contact)

(Name/Relationship to Student)

(Location & Phone Number)

1. Contact _____ at _____

2. Contact _____ at _____

***If non-custodial parent is not to pick up child from school, the legal guardian must have legal court papers signed by a judge stating limitation(s) and they must be on file at Bismarck Middle School.**

In the event of an emergency, transport my child to:

(Name & Location of preferred Medical Facility)

(Name of Child's Physician)

(CONTINUE ON BACK)

BROTHERS AND SISTERS WHO ARE **ENROLLED** IN BISMARCK PUBLIC SCHOOLS:

NAME: _____ GRADE _____
NAME: _____ GRADE _____
NAME: _____ GRADE _____

In the event of an emergency, it may be necessary to dismiss school earlier than the regularly scheduled dismissal time. If it is possible to notify radio stations, an early emergency dismissal will be announced. **PLEASE REVIEW THIS PLAN WITH YOUR CHILD SO HE/SHE IS FULLY AWARE OF HOW TO PROCEED WHEN THEY ARRIVE HOME AT A NONREGULAR TIME.** In the event of an emergency school closing, my child will:

1. ___ Ride regular bus home.
2. ___ Ride bus (# or name) _____ to (location) _____ home.
3. ___ _____
_____ (Note: It will **NOT** be possible to allow students to use phone)

IF THIS STUDENT WAS **NOT** ATTENDING BISMARCK SCHOOLS AT THE END OF THE SCHOOL YEAR LAST YEAR, PLEASE ANSWER THE FOLLOWING:

1. Does your child receive special services such as:
ELL? ___ Speech? ___ Special education? ___
2. Has your child ever been expelled or is your child under an order of expulsion in his/her former school district? _____. If so, when may your child return to school? _____
3. Are expulsion proceedings currently pending against your child or have you been informed that such proceedings will be initiated against your child? _____

Is this child a dependent of an active-duty member of the US military? Yes ___ No ___
If YES, What branch: _____ Circle status: Active Duty / Reserves / National Guard / Other: ___

<p><i>"To the best of my knowledge the information on this form is true. I also acknowledge that I have received the <u>Bismarck Student Handbook</u> and understand that this handbook outlines policies, procedures, and important school information."</i></p>			
Parent's Signature		Student's Signature	
Date		Date	

NOTE: No child may be officially enrolled in the Bismarck School District until this form has been signed and placed in the student's permanent record file at school.

Custody documents filed at BMS

Restraining documents filed at BMS