

Culver School District #4 Student Registration Form

FOR OFFICE USE ONLY			
ENTRY DATE _____	CODE _____	BUS # _____	GRADUATION YR _____ GRADE _____
STUDENT INFORMATION <input type="checkbox"/> Female <input type="checkbox"/> Male			
Legal Last Name _____	First Name _____	Middle Name _____	Preferred Name _____
Street Address _____	City _____	Zip Code _____	Home Cell Phone _____
Mailing Address (if different) _____	City _____	Zip Code _____	Student Cell Phone _____
PROOF OF RESIDENCY: <input type="checkbox"/> Utility Bill <input type="checkbox"/> Mortgage Bill <input type="checkbox"/> Other: _____			Enrollment Grade _____
Date of Birth ____ / ____ / ____	Proof of Age <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Other: _____		
FEDERAL RACE & ETHNICITY			
ETHNICITY – Federal & State reporting requires one ethnicity be selected below.		RACE – Federal & State Reporting requires at least one race be selected. If Hispanic is checked, you must also check at least one race. You may check more than one race.	
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> White	<input type="checkbox"/> African American	<input type="checkbox"/> Native Hawaiian/Pacific Islander
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaskan Native	
<i>Note: If Ethnicity/Race are not selected, Culver School District staff, by law, will complete the information and registration process based on observation. The selected race & ethnic data will be completed based on information such as the student's birthplace, family, customs or language spoken.</i>			
PREVIOUS SCHOOL INFORMATION			
Has this student previously been enrolled in <u>ANY</u> Culver School? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, school name: _____			
Most recent school (including pre-school): _____			Phone: _____
School Address: _____			
Has your child ever been expelled from school? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ / _____			
		School Name	Month Year
SPECIAL SERVICES: Does this Child Receive Special Services such as:			
<input type="checkbox"/> IEP (Individual Education Plan)	<input type="checkbox"/> Speech	<input type="checkbox"/> 504 Plan	<input type="checkbox"/> ELD (English Language Development)
PARENT / GUARDIAN INFORMATION LEGAL CUSTODY OF STUDENT?			
<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Care <input type="checkbox"/> Other: _____			
Student lives with: _____			
FATHER'S NAME: _____		Lives with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last	First		
Is this person an emergency contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Home Phone : _____ Cell Phone : _____			
Email: _____ Preference for alerts/announcements: <input type="checkbox"/> Call and/or <input type="checkbox"/> Text			
Place of Employment: _____		Work Phone: _____	
MOTHER'S NAME: _____			
		Lives with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last	First		
Is this person an emergency contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Home Phone : _____ Cell Phone : _____			
Email: _____ Preference for alerts/announcements: <input type="checkbox"/> Call and/or <input type="checkbox"/> Text			
Place of Employment: _____		Work Phone: _____	

Turn page over and complete other side

GUARDIAN'S NAME: _____ Lives with Student? Yes No
Last First
Relationship _____ Home Phone: _____ Cell Phone: _____

Email: _____ Preference for alerts/announcements: Call and/or Text

Place of Employment: _____ Work Phone: _____

MILITARY CONNECTED FLAG

Parent or Guardian is full-time Army, Navy, Air Force, Marine Corps or Coast Guard active training duty or full-time National Guard member or Active Duty Reserves for at least 180 consecutive days or Dual Status Military Technicians: No Yes

EMERGENCY CONTACTS – NOT Parent or Guardian already listed on this form

Contact 1 _____
Last Name First Name Relationship to student
Phone # _____ Cell Work Home Phone # _____ Cell Work Home
May pick up student from school: Yes No Address: _____

Contact 2 _____
Last Name First Name Relationship to student
Phone # _____ Cell Work Home Phone # _____ Cell Work Home
May pick up student from school: Yes No Address: _____

Contact 3 _____
Last Name First Name Relationship to student
Phone # _____ Cell Work Home Phone # _____ Cell Work Home
May pick up student from school: Yes No Address: _____

EMERGENCY MEDICAL INFORMATION

Doctor's Name: _____ Phone # _____
Allergies & Health Conditions: _____

Life Threatening? No Yes Does this student take any medications? No Yes If yes, please fill out medication forms.

Culver School District #4 has my permission to transport this student to a medical facility in case of emergency: No Yes

SIBLING INFORMATION

No other siblings attending Culver Schools Brother or Sister

Last _____ First _____ School _____
Last _____ First _____ School _____
Last _____ First _____ School _____
Last _____ First _____ School _____

RELEASE OF STUDENT DIRECTORY INFORMATION

Directory information: Culver School District, in compliance with ORS 326.565, has a policy that allows for the release of a student's name, address, telephone number, photo as directory information. Student directory information is regularly included in publications such as yearbooks, student directories, playbills, sports programs, honor roll and recognition lists, class photographs and media release information.

Parent/Guardian Signature

Date