



**REDFIELD PUBLIC SCHOOL REGISTRATION FORM – Enrollment Date \_\_\_\_\_**

Student's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Date of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State/Zip

Student lives with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_ Home Phone # \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email address: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_ Home Phone # \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email address: \_\_\_\_\_

**Race and Ethnicity:**

1. Is this student Hispanic or Latino? *(Choose only one)*
  - No**, not Hispanic or Latino
  - Yes**, Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South Central America or other Spanish culture or origin, regardless of race).
2. What is the student's race *(Regardless of how you answered the first question, choose one or more)*
  - American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment).
  - Asian** (A person having origins in any of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).
  - Black or African American** (A person having origins in any of the black racial groups of Africa.)
  - Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Island).
  - White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa).

What is the language most frequently spoken at home? \_\_\_\_\_

Which language did your child learn when he/she first began to talk? \_\_\_\_\_

What language does your child most frequently speak at home? \_\_\_\_\_

What language do you most frequently speak to your child? \_\_\_\_\_

**Shared or Non-Custodial Information – for Parents/Guardians who have a different address & phone number as listed above for the student.**

**Parent/Guardian Contact:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Do we need to mail separate report cards, etc. to this parent? **YES** \_\_\_ **NO** \_\_\_

Mailing address: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

Are there legal documents pertaining to custody, protection or other proceedings related to this student? **YES** \_\_\_ **NO** \_\_\_

**(If yes, please attach a copy of court documents.)**

**Emergency Information**

In case of an emergency, we will attempt to contact parent/guardian first. In the event we cannot do this, please provide the name of a relative or close friend that we may contact.

Emergency Contact 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Special Services**

Does your child have an IEP for special education services or a 504 accommodation plan? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

Does your child have any special needs or health problems? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** if so, please briefly describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In case of accident or serious illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements deemed necessary in getting medical assistance for my child.**

\_\_\_\_\_  
**Parent/Guardian Signature** **Date**

**Physician's Name:** \_\_\_\_\_ **Clinic Name** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Verification**

I verify that the information provided on this **form** is accurate and current, and that I am the legal parent/guardian of the **student**.

**X** \_\_\_\_\_

**SIGNATURE of Parent/Guardian** **DATE**

**PRINTED Name of Parent/Guardian** \_\_\_\_\_

**For Office Use Only**

**Student Name** \_\_\_\_\_

**Birth Certificate** \_\_\_\_\_ **Contact #** \_\_\_\_\_

**Bus Route #** \_\_\_\_\_

**Date Enrolled** \_\_\_\_\_ **Records Requested** \_\_\_\_\_ **Rec'd** \_\_\_\_\_

**Walk** \_\_\_\_\_ **Day Care** \_\_\_\_\_ **Transit Bus** \_\_\_\_\_