

# COCHRANE-FOUNTAIN CITY SCHOOL DISTRICT

## New Student Registration Worksheet

Last Updated 3/21/19

### STUDENT INFORMATION

Student's Full Legal Name \_\_\_\_\_  
First Middle Last

Home Mailing Address \_\_\_\_\_

Home Physical Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_

What grade will you be enrolling your student in? \_\_\_\_\_

#### Special Needs (Please complete if any of these pertain to above child.)

Primary Disability (please circle) IEP: CD LD SL EBD OHI A V H

Medical \_\_\_\_\_

Physical \_\_\_\_\_

Emotional \_\_\_\_\_

504 IAP Grade level when placed \_\_\_\_\_

#### Siblings Names / Grades / Birthdates:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Last Physical \_\_\_\_\_

**Please complete back side of this worksheet.**

I certify that the information provided on this registration form is true and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(P3, 4K, KG confirmed by:) Birth Cert. or Baptism Cert.

Gender \_\_\_\_\_ Male \_\_\_\_\_ Female

Birthplace \_\_\_\_\_

City County

State Country

Years in the United States (if not born here) \_\_\_\_\_

Native Language \_\_\_\_\_ English

\_\_\_\_\_ Other \_\_\_\_\_

#### Ethnicity—MUST complete both parts.

Part 1—Must choose one of these:

\_\_\_\_\_ Hispanic or Latino

\_\_\_\_\_ Not Hispanic or Latino

Part 2— *And* if not Hispanic, select one or more of these:

\_\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ White

*If you do not complete the ethnicity requirement,  
an ethnicity will be selected for you.*

## PARENT / GUARDIAN INFORMATION

With whom does the student **LIVE WITH** at the home address? (Please check all that apply)

\_\_\_\_\_ Birth Mother    Birth Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Custody? (circle) Yes or No  
Email \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_ Birth Father    Birth Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Custody? (circle) Yes or No  
Email \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_ Other Adult    Name & Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_ Employer \_\_\_\_\_  
Custody? (circle) Yes or No    Contact? (circle) Yes or No

\_\_\_\_\_ Other Adult    Name & Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_ Employer \_\_\_\_\_  
Custody? (circle) Yes or No    Contact? (circle) Yes or No

Marital Status of Birth Parents:    \_\_\_\_\_ Married    \_\_\_\_\_ Separated    \_\_\_\_\_ Divorced    \_\_\_\_\_ Parent Death    \_\_\_\_\_ Never Married

*If separated or divorced parent does not have placement or custody, but should receive copies of correspondence, please list that address below:*

\_\_\_\_\_ Mother    \_\_\_\_\_ Father    Address \_\_\_\_\_

## PREVIOUS SCHOOL INFORMATION

Name of Former School \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Address \_\_\_\_\_ Grades attended there \_\_\_\_\_

Has your child ever been retained at grade level?    Yes or No    If yes, what grade? \_\_\_\_\_

Has your child ever been expelled from school?    Yes or No    If yes, dates of expulsion \_\_\_\_\_

Is your child under suspension from co-curriculars?    Yes or No    If yes, dates of suspension \_\_\_\_\_

Reason for suspension \_\_\_\_\_

## FOR OFFICE USE ONLY

First Day of Attendance \_\_\_\_\_ Records Request Sent \_\_\_\_\_ Records Received \_\_\_\_\_

Student ID/Lunch # \_\_\_\_\_ Bus Route # \_\_\_\_\_ Driver's Name \_\_\_\_\_

(HS) Locker # \_\_\_\_\_ (ELE) Homeroom Teacher / Room # \_\_\_\_\_ / \_\_\_\_\_ ED-FI ID # \_\_\_\_\_