

COCHRANE-FOUNTAIN CITY SCHOOL DISTRICT

New Student Registration Worksheet

Student Information

Student's Full Legal Name: _____
First Middle Last

Home Mailing Address _____

Home Physical Address _____

City / State / Zip Code _____

What grade will you be enrolling your student in? _____

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

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.

Active Military—Must complete all questions.

1. Is either parent or guardian on active duty in the military?

_____ Yes _____ No

2. Is either parent or guardian a traditional member of the Guard or Reserve?

_____ Yes _____ No

3. Is either parent or guardian a member of the Active Guard/ Reserve (AGR) under Title 10 or full time National Guard under Title 32?

_____ Yes _____ No

PARENT / GUARDIAN INFORMATION

Birth Mother Name _____ Custody? (circle) Yes or No Home Phone _____
Employer _____ Cell Phone _____
Email Address _____ Work Phone _____

Birth Father Name _____ Custody? (circle) Yes or No Home Phone _____
Employer _____ Cell Phone _____
Email Address _____ Work Phone _____

Other Adult 1 Name & Relationship _____ Custody? Yes or No Contact? Yes or No
Employer _____ Cell Phone _____
Email Address _____ Work Phone _____

Other Adult 2 Name & Relationship _____ Custody? Yes or No Contact? Yes or No
Employer _____ Cell Phone _____
Email Address _____ Work Phone _____

With whom does the student LIVE WITH at the home address listed on this registration form? _____ Birth Mother _____ Birth Father _____ Other Adult 1 _____ Other Adult 2

Marital Status of Birth Parents: _____ Married _____ Legally Separated _____ Divorced _____ Parent Death _____ Never Married

If a parent who's address is not listed on this registration form should receive copies of correspondence, please list that address below:

_____ Mother _____ Father Address _____

PREVIOUS SCHOOL INFORMATION

Name of Former School _____ Phone # _____

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 # _____