

Lake Country School District
Student Registration Information
 2017-2018 Academic Year

Student's Legal Name: _____ **Grade:** _____
Last First Middle Initial

Current Street Address: (This address is where the student sleeps each evening.) _____

_____ **Home Phone:**() _____
Street City Zip

Mailing Address: _____
 (If different than current street address)

Date of Birth: _____ **City, County & State of Birth:** _____

Gender: (circle one) M F

Birth Certificate Verification (office only) Y _____ N _____

My signature certifies that all information on this form is truthful and correct, and that I am a legal resident of Lake Country School District, or have written approval from the Board of Education for my child to attend Lake Country School District.

Signature (Parent/Guardian) _____
Date

Notes: (e.g. legal, custody issues, etc.)

Youngest/only student at Lake Country School: (circle one) Yes No

Child resides with: (circle one) Both Parents Mother Father Guardian Other _____

Distance you live from school: (circle one) 0-2 Miles 2-5 Miles 5-8 Miles 8+ Miles

Child's Ethnicity (if NOT Hispanic or Latino, please answer question 2 also):

| | |
|--|--|
| Choose one ethnicity: 1. Is this student Hispanic or Latino? <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino | 2. Choose one or more race (regardless of ethnicity): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White |
|--|--|

Parent/Guardian 1: _____ **Home Phone:** () _____
 Employer: _____ **Work Phone:** () _____
 Cell Phone: () _____ **Pager:** () _____
 Address: (If different from above) _____

Parent/Guardian 2: _____ **Home Phone:** () _____
 Employer: _____ **Work Phone:** () _____
 Cell Phone: () _____ **Pager:** () _____
 Address: (If different from above) _____

When the school is unable to reach a parent, who should be called in case of emergency or illness?

| | |
|------------------------|--------------------|
| Name _____ | Name _____ |
| Phone () _____ | Phone () _____ |
| Relationship _____ | Relationship _____ |
| Physician's Name _____ | Phone () _____ |

Student Name: _____ Grade: _____

Siblings: Name D.O.B. Name D.O.B.

If new to Lake Country School: Previous School District: _____

School Last Attended: _____

Address: _____
Street City State Zip

Grade Level: _____ Teacher: _____

What language did the child learn when s/he first began to talk? _____
What language does your child speak at home most of the time? _____
Are there any other languages that your child is consistently exposed to? _____

Does your son/daughter have difficulty with reading, writing, speaking, or comprehending English within the academic classroom? Yes No

Has this child ever been expelled? Yes No

History of Special Ed: *(circle all which apply)*

| | | | | | |
|-----------------------------------|-----|----|---------------------------|-----|----|
| Exceptional Educational Placement | Yes | No | ED (emotional disability) | Yes | No |
| LD (learning disability) | Yes | No | Handicapping Condition | Yes | No |
| Sp/L (speech & language) | Yes | No | Please explain: _____ | | |

Email Address: _____

Your email will be used to electronically send home the twice-a-month Wildcat *Clips* newsletter (no hard copy will be sent), some teacher/parent communication and any other mass communications that are deemed to be appropriate for email.

Health Concerns:

