Lake Country School District

Student Registration Information 2018-2019 Academic Year

Student's <u>Legal</u> Name:	Grade:
Last	First Middle Initial
Current Street Address: (This address is where t	he student sleeps each evening.)
	Home Phone:()
Street City	Zip
Mailing Address: (If different than current street ad	ddress)
·	nty & State of Birth:
Date of Birtin City, Cou	nty & State of Birtin.
Gender: (circle one) M F	
Birth Certificate Verification (office only)	Y N
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• •	is form is truthful and correct, and that I am a legal resident of
Lake Country School District, or have written ap Country School District.	opproval from the Board of Education for my child to attend Lake
Signature (Parent/Guardian)	Date
Notes: (e.g. legal, custody issues, etc.)	
Youngest/only student at Lake Country Scho	ool: (circle one) Yes No
Child resides with: (circle one) Both Parents	Mother Father Guardian Other
· · · ·	2 Miles 2-5 Miles 5-8 Miles 8+ Miles
Distance you are from sensor, (ence one)	2 innes 2 s innes 3 s innes 0 innes
Child's Ethnicity (if NOT Hispanic or Latino, please	answer question 2 also):
Choose one ethnicity:	2. Choose one or more race (regardless of ethnicity):
1. Is this student Hispanic or Latino?	□American Indian or Alaska Native □ Asian
☐ No, not Hispanic or Latino☐ Yes, Hispanic or Latino	☐ Black or African American
2 Tos, Hispanic of Eachio	☐ Native Hawaiian or Other Pacific Islander
	☐ White
Devent/Counties 1.	Hama Dharas (
	Home Phone: () Work Phone: ()
Cell Phone: ()	Pager: ()
Parent/Guardian 2:	Home Phone: ()
	Work Phone: () Pager: ()
Address: (If different from above)	
XX/L 4bb12 bl. 4b	
<u>-</u>	, who should be called in case of emergency or illness?
NamePhone ()	
Relationship	· /
Physician's Name	-
1 11 1 D 1 V 1 M 1 I W 1	1 110110 \ /

Student Name:		Grade:				
Siblings: Name		D.O.B.	Name	D.O.B.		
new to Lake Country School: P	reviou	s School Distr	ict:			
chool Last Attended:						
ddress:		City	State	Zip		
rade Level:		·		•		
Tade Level			1 Eacher.			
hat language did the child learn wl	hen s/h	e first began t	o talk?			
What language does your child speal	k at ho	me most of th	e time?			
Are there any other languages that yo	our chi	ld is consister	atly exposed to?			
Does your son/daughter have difficulacademic classroom?	lty wit	h reading, wri o Yes	ting, speaking, or comprehending loo No	English within the		
Has this child ever been expelled?		o Yes	o No			
History of Special Ed: (circle all which	apply)					
Exceptional Educational Placement	Yes	No	ED (emotional disability)	Yes No		
LD (learning disability) Sp/L (speech & language)	Yes Yes	No No	Handicapping Condition Please explain:	Yes No		
- Imguage)	105	110	r reuse explain.			
Email Address: Your email will be used to electronic vill be sent), some teacher/parent coppropriate for email.	•		•	,		
•						
Health Concerns:						

Print Date: July 9, 2018