

Lake Country School District
Student Registration Information
 2018-2019 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?

No, not Hispanic or Latino

Yes, Hispanic or Latino

2. Choose one or more race (regardless of ethnicity):

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

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 _____

Phone () _____

Relationship _____

Physician's Name _____

Name _____

Phone () _____

Relationship _____

Phone () _____

Please turn over...



Student Name: _____ **Grade:** _____

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

