

Alpine School District New Student Registration

For Office Use Only: Teacher _____	Student No. _____	Track _____
Birth Certificate _____	Immunization _____	Date enrolled ___/___/___ Start Date ___/___/___

Student Name _____

Last
First
Middle
Known as:

Sex: Male Female Grade _____ Social Security No# _____ (optional)

Date of Birth ___/___/___ Birthplace: _____ (City) _____ (State)

School last attended _____ Address _____

City
State
Zip

Home Phone Number _____ Cell Phone _____

Primary Ethnic Origin (Optional):

Asian American Indian Hispanic Black Pacific Islander Caucasian (white) Other _____

Name of Parent or Legal Guardian _____

Last
First
Middle

Email Address _____ (Providing an email address grants permission for ASD to contact via email)

Student Home Address _____

Address
City
Zip

Mailing Address (if different) _____

Address
City
Zip

Has your child ever attended school in Alpine School District? ___ Yes ___ No

Student transferred from: Within the district Out of District Out of State Out of Country **

** If out of Country, write country _____ Entry date into USA ___/___/___

Student Lives With---	<u>Write Name(s)</u>	Foster	Step	Home Phone No.	Work Phone No.
<input type="checkbox"/> Father					
<input type="checkbox"/> Mother					
<input type="checkbox"/> Guardian					
<input type="checkbox"/> Other					

1. ___ Yes ___ No Has your child been living in the US for the last 3 years?
2. ___ Yes ___ No Has your child been attending school in the US for the last 3 years?
3. ___ Yes ___ No Do you have legal custody of the child you are registering?
4. ___ Yes ___ No Is the child you are registering a foster child/ward of the court?
5. ___ Yes ___ No Does student have an Individualized Education Plan or is he/she receiving Special Education Services?
6. ___ Yes ___ No Are you living with friends or relatives?
7. ___ Yes ___ No Has your child ever been suspended/expelled from school?
8. ___ Yes ___ No Is the primary language spoken in the home English? If no, what language is spoken? _____

Who speaks the non-English language? _____

I hereby certify that the information is true and correct to the best of my knowledge. Any falsification of the information above may result in the cancellation of the transfer or opportunity to attend school in Alpine School District.

Signature of Parent or Legal Guardian _____ Date ___/___/___

For Office Use Only: Entered into the AS400 Power School Recorded in Log Book/ADA Enrollment code _____ Class Lists Sent for Records Received Records BC IMM Enrollment Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> _____ (Administrator)
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