



## STUDENT REGISTRATION FORM

Student MARSS Number: \_\_\_\_\_ Entry Date \_\_\_\_\_ Entering Grade \_\_\_\_\_

PLEASE PRINT:

**Student's Name:** \_\_\_\_\_  
Last First Middle Gender (M/F)

Birth Date: \_\_\_\_\_  
M/D/YR Age Home Language

\_\_\_\_\_  
Previous School Attended District

\_\_\_\_\_  
Previous School Address

Ethnicity: Alaskan Native American Indian Asian/Pacific Islander African American  
Caucasian Chicano/Mexican American Hispanic Puerto Rican Other

Student lives with: \_\_\_ Parent(s) \_\_\_ Guardian \_\_\_ Foster Care \_\_\_ Other

**1. Parent/Guardian/Other:** \_\_\_\_\_  
Name Phone Email

\_\_\_\_\_  
Home Address City Zip Code

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

**2. Parent/Guardian/Other:** \_\_\_\_\_  
Name Phone Email

\_\_\_\_\_  
Home Address City Zip Code

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Age/Grade of children in the family under the age of 21:  
\_\_\_\_\_

Does your child have a disability? Y N

If yes, explain: \_\_\_\_\_

Does your child currently have a 504 plan? Y N

Has your child ever been identified for Special Education services? Y N

Does your child currently have a Special Education IEP? Y N

Has your child been expelled from School? Y N

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_