



Springwater Environmental Sciences School Student Registration Form

INSTRUCTIONS: This registration form is an official record. It asks for important information that will help provide services for your child. If you have any questions, please contact your school. It is your responsibility to provide timely notification of changes. Providing inaccurate information may result in unenrollment.

Please print, using black or blue pen, completing both pages.

STUDENT INFORMATION

Legal Last Name Legal First Name Middle Name Suffix Preferred Last Name Preferred First Name

Gender M F Birth Date _____ Birth Place (City/State) _____ Grade _____

Proof of Age Birth Certificate Baptismal Certificate Hospital Certificate Passport Other _____

Country of Birth _____ If country of birth is outside of USA or Puerto Rico, start date of school attendance in USA _____

Ethnicity Race (check at least one and all that apply)

Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	American Indian or Alaska Native <input type="checkbox"/> Tribal Affiliation: _____	Asian <input type="checkbox"/>	Black or African American <input type="checkbox"/>	Native Hawaiian or <input type="checkbox"/> Other Pacific Islander	White <input type="checkbox"/>
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Home Address

Street _____ Apt. _____ City/State/Zip _____

Home Phone () _____ Unlisted Student Cell () _____ Student Email _____

Mailing Address (if different from home address)

Street _____ Apt. _____ City/State/Zip _____

Previous School and District Attended: School Name _____

Attended From _____ to _____ Address (Street/City/State/Zip) _____

HOME LANGUAGE SURVEY

Is a language **other** than English the language the student first learned to speak or the language used at home or with friends? Y N

If yes, please complete the following questions:

Student's first language: _____ Language spoken at home or with friends: _____

Preferred language for parent communications: _____ Interpreter needed for conferences, etc.? Y N

PARENT/GUARDIAN INFORMATION

FIRST PARENT/RESPONSIBLE ADULT

Last Name _____ First Name _____ MI _____

Relationship to student _____

Address (if different than student's) _____

Place of Employment _____

Home Phone () _____ Cell Phone () _____

Work Phone () _____ Email () _____

Member of the Armed Forces on active duty or full-time National Guard Y N

Contact Allowed Educational Rights Has Custody Mailings Allowed

SECOND PARENT/RESPONSIBLE ADULT

Last Name _____ First Name _____ MI _____

Relationship to student _____

Address (if different than student's) _____

Place of Employment _____

Home Phone () _____ Cell Phone () _____

Work Phone () _____ Email () _____

Member of the Armed Forces on active duty or full-time National Guard Y N

Contact Allowed Educational Rights Has Custody Mailings Allowed

STUDENT LIVES WITH (Check all that apply)

- Both Parents
- Father
- Mother
- Guardian
- Grandparent
- Foster Parent
- Step-parent
- Other: _____

LEGAL DOCUMENTS

Are there legal documents concerning the custody of this child?
 Y N

If yes, please provide copies of the custody documents when submitting this form.

Legal Guardian Name _____

(Continued on reverse)

ADDITIONAL EMERGENCY CONTACTS

(May pick up child. In an emergency, parents/guardians will be called 1st/2nd unless indicated otherwise.)

3rd Contact Last Name _____ First Name _____ Relationship _____

Speaks

English: Phone: Home (____) _____ Work (____) _____ Cell (____) _____

4th Contact Last Name _____ First Name _____ Relationship _____

Speaks

English: Phone: Home (____) _____ Work (____) _____ Cell (____) _____

5th Contact Last Name _____ First Name _____ Relationship _____

Speaks

English: Phone: Home (____) _____ Work (____) _____ Cell (____) _____

MEDICAL INFORMATION

Doctor: _____ Phone: (____) _____ **HEALTH INSURANCE** (Optional)

Dentist: _____ Phone: (____) _____ Health Insurance Yes No

Preferred Hospital _____ Company: _____

EMS (Emergency Medical System) makes final decision for site of best available care when serious illness, accident or other emergency event directs need for transporting to a hospital. If possible, the school will advise EMS of your hospital preference.

Medical Conditions (Current Medical Diagnosis): Life Threatening Yes No

Asthma Yes No Seizures Yes No Diabetes Yes No

Serious Allergies Yes No Heart Disease Yes No Other _____

List current allergies, medications, PE limitations (NOTE: Medical restrictions signed by doctor must be on file in the office)

SIBLING INFORMATION

Last Name First Name Relationship Birthdate Gender School Grade

SPECIAL PROGRAM INFORMATION (Please check any areas your child has received special services in the last year)

Title I Special Education (IEP) English Language Learners (ELL)

Talented and Gifted (TAG) 504 Plan Other _____

PARENT/RESPONSIBLE ADULT SIGNATURE _____ **DATE** _____

PARENT/RESPONSIBLE ADULT SIGNATURE _____ **DATE** _____