WEBSTER COUNTY SCHOOLS

REGISTRATION FORM

DATE ENROLLED: _____GRADE: _____

STUDENT NAME: _____

COUNTY OF RESIDENCE: _____HOME NUMBER:_____

911 ADDRESS: _____CITY_____STATE_____ZIP_____

MAILING ADDRESS: _____CITY_____STATE_____ZIP_____

DATE OF BIRTH: _____AGE: _____ MALE ___ FEMALE ___

IS STUDENT OF HISPANIC/LATINO ETHNICITY: _____YES _____NO

RACE: American Indian or Alaska Native ___ Asian ___ White ___

Black/African American ___ Native Hawaiian or Other Pacific Islander ___

Did your child attend a Pre-K program, public or private, prior to entering Kindergarten? _____

If so, which program did they attend: Public ___ Private ___ Headstart ___

Has your child received any of the following services:

Special Education: ____ Gifted: ____ ESOL/ELL: ____ SST: ____ RTI: ____ EIP: ____

Required Information:

1. Was your child born in the United States? Yes _____ No _____

2. Is English the language spoken by you and your family most of the time at home? Yes _____ No_____

3. If answered no to question # 2, what language is spoken? _____

4. Has your household had to move to another city, county, or state, in the last 3 years **in order to work** in any of the following agricultural areas? Yes _____ No _____ If yes, please mark all areas that apply:

- ☐ Agriculture; planting/picking vegetables or fruits such as tomatoes, squash, grapes, onions, strawberries, blueberries, etc.
- ☐ Planting, growing, or cutting trees; raking pine straw
- ☐ Processing/packing agricultural products
- ☐ Dairy/Poultry/Livestock
- ☐ Meatpacking/Meat processing/Seafood
- ☐ Fishing or fish farms
- ☐ Other (please specify occupation): _____

5. Has your child attended school in a non-USA school for more than 3 consecutive years? ___Yes ___No

FAMILY INFORMATION

FATHER/PADRE/GUARDIAN MOTHER/MADRE/GUARDIAN

NAME: _____ _____

CELL PHONE: _____ _ _____

EMPLOYER: _____ _____

WORK PHONE: _____ _____

STUDENTS LIVES WITH: _____RELATIONSHIP: _____

IF YOUR CHILD IS INJURED SERIOUSLY AND YOU OR YOUR EMERGENCY CONTACT PERSON(S) CANNOT BE REACHED, WITHIN A SHORT TIME; DOES THE SCHOOL PRINCIPAL/ASSISTANT PRINCIPAL HAVE YOUR PERMISSION TO SEEK THE BEST MEDICAL ATTENTION POSSIBLE FOR YOUR CHILD IN HIS/HER OWN JUDGMENT? YES _____ NO_____

_____

SIGNATURE OF PARENT OR GUARDIAN

The Webster County School District does not discriminate on the basis of race, color, national origin, religion, sex, disability, or age in its programs, activities, or employment practices and provides equal access to the Boy Scouts and other designated youth groups.