



Pope County Elementary/Jr. High

Registration Form

Teacher: _____ **Grade:** _____ **Bus:** _____

Student Name: _____

First

Middle

Last

Mailing Address: _____

Residence Address: _____

Living Situation: (Please Check One) _____ Rent _____ Own _____ Foster Care

_____ Live w/ Someone Else _____ Live w/others due to Economy

Sex: Female Male **Ethnicity:** White Hispanic Black Asian Multi-Racial Indian/Alaskan

Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) **Choose only one**

_____ No, not Hispanic/Latino _____ Yes, Hispanic/Latino

Birthdate: _____ Age: _____ Social Security: _____

Attended Pope County Elementary/Jr High before: Yes _____ No _____

If no, previous school attended: _____

Student Resides with: _____ Relationship: _____

Guardian Email: _____

(Used for TeacherEase Communication)

Continue on back

Does the student have any special needs: Yes No

If yes, please list: (Special Education Classes, Speech, Resource, etc.) _____

Emergency Contacts

(Will be listed as able to pick up student)

Name

Relation to Student

Phone Number

1. _____

2. _____

3. _____

If any information changes, please notify the office as soon as possible

Children of U.S. Military Personnel

Does this student have a parent or guardian who is a member of a branch of the armed forces of the United States? Yes or No

If yes, is the parent or guardian either deployed to active duty or expecting to be deployed during the school year? Yes or No

Home Language Survey

1. Is a language other than English spoken in your home? YES ____ NO ____ If yes, what language? _____
2. Does your child speak a language other than English? YES ____ NO ____ If yes, what language? _____

My signature verifies that the above information is correct and that the student named above is a resident to the Pope County Community Unit School District #1.

Signature: _____ Date: _____

Relationship to student: _____



Pope County Elementary

Jr. High

125 State Hwy 146 West

Golconda, Illinois 62938

618-683-4011 Fax 618-683-6022

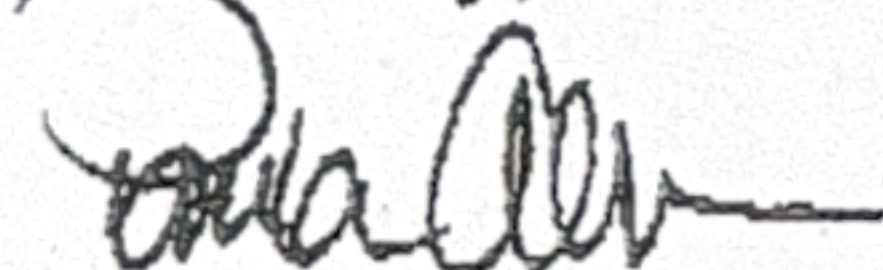
To: _____ Date: _____
School Name

School Address Student _____

The above named student has recently enrolled in our school system. In compliance with the Family Educational Rights and Privacy Act of 1974 and the Illinois School Student Records Act (1975), we request that you send the following information as soon as possible so that we will be able to plan an appropriate educational program for this student.

Transcript of Credits
Immunization and Health Records
Attendance Records
Birth Certificate
Results of Psychological Testing
Case Study Reports
Individual Education Plan

Sincerely,


Principal

Parental notification and permission for release of student records

As the parent or legal guardian of _____, I understand
that the student's permanent records are being requested as listed above.

Guardian: _____