



# Princeton School District Student Enrollment & Registration



STUDENT INFORMATION			
Student Last Name:	First Name:	Middle Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	Birth City:	Birth County:	Birth State:
Is the student from one or more of these races? (check all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander		Is the student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous School Last Attended:	City, State, Zip:	Phone:	Current Grade:
Date Last Attended School:	Has student been expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student under consideration for expulsion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the student have a current IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No			

CENSUS DATA		
Please list all children, ages birth through 18 years, who live in the primary household.		
Child's Name (first, middle, last)	Gender	Date of Birth
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

ADDITIONAL INFORMATION	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is a language other than English spoken in the home on a regular basis? If so, which language?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student currently receiving "English Language Learner" services?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is either parent or guardian on active duty in the military?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is either parent or guardian a traditional member of the Guard or Reserve?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any legal information pertaining to the student that the school district should be aware of? <i>Please describe and submit a copy of legal documents.</i>

### RESIDENCE INFORMATION

Where is your child/family currently living (federally mandated by NCLB)?

- In a single family, permanent residence (house, apartment, condo, mobile home, etc.)
- Doubled-up (sharing housing with another family/individual due to economic hardship or loss)
- Unsheltered (living in car, camper, campsite, etc.)
- Other (please specify) \_\_\_\_\_

### PRIMARY RESIDENCE INFORMATION

Primary Street Address:		City, State Zip:	
Parent/Guardian #1 Legal Name:		Relationship to Student: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Other: _____	
Date of Birth:	Cell Phone:	Employer:	Work Phone:
Email Address:			

Parent/Guardian #2 Legal Name:		Relationship to Student: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Other: _____	
Date of Birth:	Cell Phone:	Employer:	Work Phone:
Email Address:			

### SECONDARY RESIDENCE INFORMATION

Secondary Street Address:		City, State Zip:	
Parent/Guardian #1 Legal Name:		Relationship to Student: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Other: _____	
Date of Birth:	Cell Phone:	Employer:	Work Phone:
Email Address:			

Parent/Guardian #2 Legal Name:		Relationship to Student: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Other: _____	
Date of Birth:	Cell Phone:	Employer:	Work Phone:
Email Address:			

### NON-FAMILY EMERGENCY CONTACT INFORMATION

In case of an injury or illness with your child, and we are unable to reach a parent, the school will contact the people on the following list, in the order listed.

#### Contact #1

Name:		Relationship to Student:
Home Phone:	Cell Phone:	Work Phone:

#### Contact #2

Name:		Relationship to Student:
Home Phone:	Cell Phone:	Work Phone:

### MEDICAL HEALTH HISTORY

Medical Conditions/Physical Disabilities:	Medications Taken on a Regular Basis:
Other Environmental/Food Allergies:	Medication Allergies:

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the emergency contact information above and to follow his/her instructions. In the event that school officials are unable to contact me or the emergency people above, I authorize school officials to make arrangements for my child's care which they deem necessary. I understand that if I do not sign and return this form, and keep the school district informed as to any changes in contact information, Princeton School District officials may be unable to take appropriate steps to deal with an accident or serious illness involving my child. Lastly I authorize any health information to be shared with the appropriate staff.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)