

# AFFTON SCHOOL DISTRICT - REGISTRATION INFORMATION

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_  
Last First Middle

Sex: M [ ] F [ ] Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Place of Birth \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_  
City State Country

**Is this student Hispanic/Latino? (Choose only one)**

- No, not Hispanic/Latino
- Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

*The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.*

**What is the student's race? (Choose one or more)**

- American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Is English the primary language spoken at home? [ ] YES [ ] NO If no, please specify language \_\_\_\_\_

**PREVIOUS SCHOOLS ATTENDED** (from Kindergarten to present)

Name of School	City/State	Grade(s)	Dates attended

**Special Education:**

Has student been referred for a special education evaluation or evaluated by the current or previous school district? [ ] YES [ ] NO Grade(s) \_\_\_\_\_  
Does student receive special education services and/or related services? [ ] YES [ ] NO Grade(s) \_\_\_\_\_  
Does student have a current I.E.P.? [ ] YES [ ] NO  
Has student received speech/language services? [ ] YES [ ] NO Grade(s) \_\_\_\_\_

**Additional Information:** Has student received remedial reading services? [ ] YES [ ] NO Grade(s) \_\_\_\_\_  
Has student been retained? [ ] YES [ ] NO Grade(s) \_\_\_\_\_  
Does student have 504 Plan? [ ] YES [ ] NO

**Is this student in a foster care placement?** [ ] yes [ ] no

If YES, Biological Parent Name: \_\_\_\_\_ Bio Parent Address: \_\_\_\_\_

Bio Parent School District: \_\_\_\_\_ Caseworker Name: \_\_\_\_\_ Caseworker Phone: \_\_\_\_\_

**DISPLACED (These questions cover the definition of homeless that is within the McKinney-Vento Act.)**

1. Are you sharing the housing of other persons due to loss of housing, economic hardship, or similar reasons? [ ] yes [ ] no
2. Do you currently reside at a motel/hotel, in a car, or at a campsite because your home has been damaged or because of economic reasons? [ ] yes [ ] no
3. Are you currently residing in a shelter? [ ] yes [ ] no
4. Are you currently living in temporary housing arrangement due to economic hardship? [ ] yes [ ] no

**NOTE: If you answered yes to any of the above, the someone from the District will contact you to determine your status.**

**Adults with whom child is living:** Is there a court order or parenting plan in place? [ ] Yes [ ] No If yes, provide copy

**Address** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
Number Street Zip code

**(Circle One): Father/Stepfather/Male Guardian/Other**

**Marital Status:** Married, Single, Divorced, Widowed, Separated

Full Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_ Email Address \_\_\_\_\_

**(Circle One): Mother/Stepmother/Female Guardian/Other**

**Marital Status:** Married, Single, Divorced, Widowed, Separated

Full Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_ Email Address \_\_\_\_\_

**Biological Parents who live at a different address from the student**

**Address** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
Number Street Zip code

**(Circle One): Father/Stepfather/Male Guardian/Other**

**Marital Status:** Married, Single, Divorced, Widowed, Separated

Full Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_ Email Address \_\_\_\_\_

**(Circle One): Mother/Stepmother/Female Guardian/Other**

**Marital Status:** Married, Single, Divorced, Widowed, Separated

Full Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_ Email Address \_\_\_\_\_

**Military Status Complete if Applicable (check all that apply):**

A student residing in the house of a person (family) who is on active duty or serving in the reserve component of a branch of the United States Armed Forces. Include children who are living with family due to parents being deployed.

Active duty

National Guard or Reserve

Signature of parent/guardian enrolling student \_\_\_\_\_ Date: \_\_\_\_\_