

CHESTERFIELD TOWNSHIP ELEMENTARY SCHOOL

REGISTRATION FORM

(Please Print and Complete Both Sides)

STUDENT INFORMATION

Name _____ M / F ____ / ____ / ____ Grade _____ School Year 20 ____ / 20 ____
Student's Last Name First Name MI Sex Date of Birth (M/D/Y)
Street Address _____ Mailing Address (if different) _____

Place of Birth _____ Insurance _____
City State Country Name of Health Insurance Provider

Name of Previous School Attended _____
Street Address of Previous School City or Town State Zip Code
School Phone Number _____ School Fax Number _____

FATHER'S INFORMATION

Father/Stepfather/Guardian Name _____ Y / N _____
(Please Circle) Last Name First Name Home Telephone Number Unlisted? Cell Phone Number Email Address
Street Address _____ City _____ State _____ Zip Code _____
Mailing Address (if different) _____ City _____ State _____ Zip Code _____

Name of Employer _____ Work Telephone Number _____

MOTHER'S INFORMATION

Mother/Stepmother/Guardian Name _____ Y / N _____
(Please Circle) Last Name First Name Home Telephone Number Unlisted? Cell Phone Number Email Address
Street Address _____ City _____ State _____ Zip Code _____
Mailing Address (if different) _____ City _____ State _____ Zip Code _____

Name of Employer _____ Work Telephone Number _____

Emergency Contact (Other than parent) – Name _____ Relationship _____ Phone _____

Emergency Contact (Other than parent) – Name _____ Relationship _____ Phone _____

SIBLINGS

Name _____ M / F _____ / _____ / _____ Grade _____
Last Name First Name MI Sex Date of Birth (M/D/Y)

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Last Name First Name MI Sex Date of Birth (M/D/Y)

Name _____ M / F _____ / _____ / _____ Grade _____
Last Name First Name MI Sex Date of Birth (M/D/Y)

REGISTRATION DATA

Please check the appropriate ethnic code: ___ 1 - White ___ 2 - Black ___ 3 - Hispanic ___ 4 - Native American ___ 5 - Asian ___ 6 - Pacific Islander

Does your child have an IEP? ___ Yes ___ No Does your child have a 504 Plan? ___ Yes ___ No

Please check any services your child has received: ___ Basic Skills ___ Gifted & Talented ___ English Language Services ___ Speech Services

Note: Responses to the questions below are considered confidential. This information will only be used for planning instructional services and will not be shared for other purposes.

Are there custody agreements and/or issues that the school should be made aware of? ___ Yes ___ No

1) What is the *primary* language used in the home, regardless of the language spoken by the student? _____

2) What is the language most often spoken by the student? _____

3) What is the language that the student first acquired? _____

Note: If the student being registered is living in any type of temporary residence or other accommodations, or is doubled up with other people due to loss of housing or economic hardship, he or she may qualify for certain rights and protections under the federal McKinney-Vento Act. *You have the right to enroll the student in school immediately, even if lacking documents normally required for enrollment.* If you believe your children may be eligible, you may speak to a school-based homeless liaison by indicating here: Would you like to discuss this matter? ___ Yes ___ No

If I move from the above address, I will notify the main office immediately. I hereby authorize Chesterfield Township School District to investigate and confirm any statements made by me. I certify all information on this registration form is factual.

Signature of Parent/Guardian

Date

FOR OFFICE USE ONLY Note: If any of the items in the box above are indicated, please forward a copy of this registration to the Office of Special Services

REQUIREMENTS FOR ADMISSION

State ID# _____	Birth Certificate ()	Registrar _____
Teacher _____	Transfer Card or Out-of-State Report Card ()	Date _____
Grade _____	Immunization Records ()	Data Entered into Genesis _____
Student Entry Date _____	Physical Form ()	
	Request for Records ()	
	Proof of Residency (attach copies) ()	
	ALL STUDENT RECORDS HAVE BEEN REC'D ()	