

# Alpine School District New Student Registration

**For Office Use Only:** Teacher \_\_\_\_\_ Student # \_\_\_\_\_ Track \_\_\_\_\_  
 Birth Certificate \_\_\_\_\_ Immunization \_\_\_\_\_ Date Enrolled \_\_\_/\_\_\_/\_\_\_ Start Date \_\_\_/\_\_\_/\_\_\_

Student Name \_\_\_\_\_

Sex:  Male  Female      Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Known As: \_\_\_\_\_  
 Grade \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (optional)

Date of Birth \_\_\_/\_\_\_/\_\_\_ Birthplace \_\_\_\_\_

School Last Attended \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Ethnic Origin (Optional)

Asian  American Indian  Hispanic  Black  Pacific Islander  Caucasian (white)  Other \_\_\_\_\_

Name of Parent or Legal Guardian \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

E-Mail Address \_\_\_\_\_ (Providing an email address grants permission for ASD to contact via email)

Student Home Address \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Has your child ever attended school in Alpine School District? \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_  
What School and Grade

Student transferred from:  Within District  Out of District  Out of State  Out of Country\*\*

\*\*If out of Country, write country \_\_\_\_\_ Entry date into USA \_\_\_/\_\_\_/\_\_\_

Student Lives With---	Write Name(s)	Foster	Step	Home Phone Number	Work Phone Number
<input type="checkbox"/> Father					
<input type="checkbox"/> Mother					
<input type="checkbox"/> Guardian					
<input type="checkbox"/> Other					

1. \_\_\_ Yes \_\_\_ No Has your child been living in the US for the last 3 years?
2. \_\_\_ Yes \_\_\_ No Has your child been attending school in the US for the last 3 years?
3. \_\_\_ Yes \_\_\_ No Do you have legal custody of the child you are registering?
4. \_\_\_ Yes \_\_\_ No Is the child you are registering a foster child/ward of the court?
5. \_\_\_ Yes \_\_\_ No Does student have an Individual Education Plan or is he/she receiving Special Education Services?
6. \_\_\_ Yes \_\_\_ No Are you living with friends or relatives?
7. \_\_\_ Yes \_\_\_ No Has your child ever been suspended/expelled from school?
8. \_\_\_ Yes \_\_\_ No Is the primary language spoken in the home English? If no, what language is spoken? \_\_\_\_\_

Who speaks the non-English language? \_\_\_\_\_

*I hereby certify that the information is true and correct to the best of my knowledge. Any falsification of the information above may result in the cancellation of the transfer or opportunity to attend school in Alpine School District.*

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**For Office Use Only:** Entered into the  AS400  Powerschool  Recorded in Log Book/ADA Enrollment Code \_\_\_\_\_  
 Class Lists  Sent for Records  Received Records  BC  IMM  
 Enrollment Approved  Not Approved \_\_\_\_\_ (Administrator)