



REGISTRATION FORM

Name: _____
First Last Middle

Address: _____
Street City State Zip Code

Home phone: _____ Date of birth: _____

Place of birth: _____
City State Country

Gender: Male Female

Special needs: Special Education/IEP 504 Plan Eligible Speech/Language Services (ESLS)

Student's first language spoken: _____ Language spoken most often at home: _____

Your student uses this language when:

Speaking to you at home Y N Speaking to other family members Y N

Speaking to siblings Y N Speaking to friends and neighbors Y N

Is student fluent in English (not Limited English Proficient)? Y N

Race/Ethnic: Hispanic or Latino American Indian/Alaskan Asian
 Black Pacific Islander/Hawaiian White

Parent/Guardian military connection:

Not military connected Active duty National Guard or Reserve

REVERSE SIDE MUST BE COMPLETED

