

TWO RIVERS PUBLIC SCHOOL DISTRICT REGISTRATION FORM

Registration Date _____ Grade _____ School _____

Name of Student _____
(Last) (First) (Middle)

Date of Birth _____ Sex (M) _____ (F) _____

Student's personal cell phone _____ Student's personal home email address _____

A. Is student Hispanic/Latino **Yes** or **No**

B. Federal Race: (you **MUST** also select at least one of the five choices below)

1. American Indian or Alaska Native, Tribal Affiliation: _____
2. Asian 3. Black or African American 4. Native Hawaiian or Other Pacific Islander 5. White

Place of Birth _____
(City) (County) (State/Zip) (Country if other than USA)

Are there any court ordered restrictions we should be aware of? **Yes** or **No** (explain) _____ (court documentation required)

Is this move because of a financial need? **Yes** or **No** If yes, please explain _____

Parent in Military: Is either parent or guardian on active duty in the military? **Yes** or **No**

Is either parent or guardian a traditional member of the Guard or Reserve? **Yes** or **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? **Yes** or **No**

1st Family is the primary residence; this is where the student sleeps the majority of the time during the school week.

2nd Family is the secondary family residence.

(If student's primary residence is with someone other than a parent, please fill in your information as 1st Family, include first and last names)

1st Family – Parent/Guardian/Self _____ Relationship to student _____

Address (include city, state and zip code) _____ City _____ or Township of _____

Cell Phone _____ Home Phone _____ Work Phone _____

Contact email address _____

Other Parent/Guardian/ Step-parent (residing at same address) _____ Relationship to student _____

Cell Phone _____ Home Phone _____ Work Phone _____

Contact email address _____

2nd Family – Parent/Guardian _____ Relationship to student _____

Address (include city, state and zip code) _____ City _____ or Township of _____

Cell Phone _____ Home Phone _____ Work Phone _____

Contact email address _____

Other Parent/Guardian/Step-parent (residing at same address) _____ Relationship to student _____

Cell Phone _____ Home Phone _____ Work Phone _____

Contact email address _____

Emergency Information

Physician's Name _____ Telephone Number _____

In an emergency call (other than parent) _____ Address _____

Cell Phone _____ Home/Work Phone _____ Relationship to student _____

*This section is only for students with **CRITICAL** health information that would require immediate attention (include any special instructions)
(Information will be flagged in our student records and available only to appropriate school staff)

I give permission to flag my child's record noting a critical health condition

(Signature of parent or guardian)

Must fill out both sides of form –

Revised: March 2023

-Previous school information-

Has the student been expelled from any other Public School District? **Yes** or **No** (Specify) _____

Was the student enrolled in any special needs programs? **Yes** or **No** (Specify) _____
 (ex. EEN/Special Education, 504, G/T, ELL, Title I, etc.)

Student previously attended: _____
 (School) (Address) (City) (State/Zip)

- IMPORTANT -

I, the undersigned, hereby request and authorize the Two Rivers Public School District to obtain official student academic/administrative records including grade level, class rank, attendance records, behavioral records (including expulsion), medical and/or related health records, psychological evaluations or social work reports, multidisciplinary team evaluations, Individualized Education Program and appropriate agency reports from the school district listed below:

 (School District) (Phone) (Fax)

-Other children in the household-

In the blanks below, please write the first, last, and middle name of the children who **reside within your household** from the ages of 0 to 20. If applicable, give the grade and school each child attends. Please note how this child is related to the student.

First and Last Names of Children ages 0-20	Race <i>*See explanation below</i>	Male or Female	Birthdate Month Day Year	School Now Attending (if applicable)	Present Grade	Child's Relationship to Student

***RACE: Choose all that apply:** **H** (Hispanic/ Latino) If Hispanic you must also choose at least one of the following; **I** (American Indian or Alaskan Native); **A** (Asian); **B** (Black); **P** (Native Hawaiian or Other Pacific Islander); or **W** (White);

Please notify us if any information changes in the future; this includes addresses, phone numbers and change in family situations. Please contact your building secretary with any changes.

NOTE: Enrollment is not guaranteed until information on this form has been verified. **All information on this form is true and factual to the best of my knowledge. Misrepresentation or omission of facts may result in denial of enrollment or continued enrollment in the Two Rivers Public School District. All information received will be confidential information used only on an as needed basis by school district employees.*

Parent Signature _____ Date _____

The Two Rivers Public School District does not discriminate on the basis of sex, race, religion, color, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability.

FOR OFFICE USE ONLY:		
Homeroom or teacher name _____	Room # _____	Advisor _____
Starting Date _____	Birth Certificate was checked Yes or No	
Yes or No Have filled out a Home Language Survey (please include a copy with registration form and put in cumulative file)		
Address Verified: Two documents are required to establish residency in the District. At least one document must be from Category A and the other document may be from either Category A or B.		
Category A	<input type="checkbox"/> Current Property Tax Statement	<input type="checkbox"/> Closing Statement for Purchasing a Home <input type="checkbox"/> Mortgage Statement
	<input type="checkbox"/> Signed Current Residential Lease (Including landlord name, address, phone)	<input type="checkbox"/> Utility Bill
Category B	<input type="checkbox"/> Credit Card Statement	<input type="checkbox"/> Auto or Health Insurance Statement <input type="checkbox"/> Pay Stub <input type="checkbox"/> Driver's License
	<input type="checkbox"/> Government Correspondence Dated Within Three Months of Enrollment	<input type="checkbox"/> Hospital Statement