

Alpine School District New Student Registration

For Office Use Only: Teacher _____	Student No. _____	Track _____	
Birth Certificate _____	Immunization _____	Date enrolled ____/____/____	Start Date ____/____/____

Student Name _____
Last
First
Middle
Known as:

Sex: Male Female Grade _____ Social Security No# _____ (optional)

Date of Birth ____/____/____ Birthplace: _____ (City) _____ (State)

School last attended _____ Address _____
City
State
Zip

Home Phone Number _____ Cell Phone _____

Primary Ethnic Origin (Optional):

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

Name of Parent or Legal Guardian _____
Last
First
Middle

Email 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? ____ Yes ____ No

Student transferred from: Within the district Out of District Out of State Out of Country **

** If out of Country, write country _____ Entry date into USA ____/____/____

Student Lives With---	<u>Write Name(s)</u>	Foster	Step	Home Phone No.	Work Phone No.
<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 Individualized 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 <input type="checkbox"/> AS400 <input type="checkbox"/> Power School <input type="checkbox"/> Recorded in Log Book/ADA <input type="checkbox"/> Class Lists <input type="checkbox"/> Sent for Records <input type="checkbox"/> Received Records <input type="checkbox"/> BC <input type="checkbox"/> IMM <input type="checkbox"/> Enrollment Approved <input type="checkbox"/> Not Approved _____ (Administrator)	Enrollment code _____
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