

Pulaski County Special School District  
**STUDENT REGISTRATION FORM**

TEACHER \_\_\_\_\_

LAST Name

FIRST Name

MIDDLE Name

Grade

**STUDENT INFORMATION**

Student's LAST Name		FIRST Name	MIDDLE Name	Grade	Gender	Student ID
Mailing Address		City			Zip Code	
Physical Address		City			Zip Code	
Telephone No. to Receive Automated Calls: <i>(Additional No. on Request)</i>	Opt-In for Automatic Text Messages? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Telephone No. to Receive Automated Text Messages:	Student Soc Sec No. <i>(Optional)</i>	Student Birth Date	Student Birth Place		
Is Student a Child of Multiple Birth <i>(i.e. twin, triplet, etc.)?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Box if Student Has a Current: <input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan		
Is Student an Active Military Dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which branch:						
Ethnicity: <i>(Please Check Appropriate Box)</i>						
Is Student Hispanic?: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)</i>						
Race: <i>(Please Check Appropriate Box)</i>						
<input type="checkbox"/> 1–American Indian / Alaska Native <input type="checkbox"/> 2–Asian <input type="checkbox"/> 3–Black / African American <input type="checkbox"/> 4–Native Hawaiian / Pacific Islander <input type="checkbox"/> 5–White						
Please check any other applicable races:						
<input type="checkbox"/> 1–American Indian / Alaska Native <input type="checkbox"/> 2–Asian <input type="checkbox"/> 3–Black / African American <input type="checkbox"/> 4–Native Hawaiian / Pacific Islander <input type="checkbox"/> 5–White						
Name of Last School Attended	Grade	School Address	City	State	Date Attended	
Has Student Been Expelled From Previous School District? <input type="checkbox"/> Yes <input type="checkbox"/> No			Expulsion Expires On ____ / ____ / ____			
Name Of District _____			Is Student Currently Under Expulsion Proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**FIRST PARENT/GUARDIAN INFORMATION**

Relationship	LAST Name	FIRST Name	MIDDLE Name	Title
Address		City		Zip Code
Home Telephone	Cell Telephone	Work Telephone	Ext	Email Address
Employer		Work Address		

**SECOND PARENT/GUARDIAN INFORMATION**

Relationship	LAST Name	FIRST Name	MIDDLE Name	Title
Address		City		Zip Code
Home Telephone	Cell Telephone	Work Telephone	Ext	Email Address
Employer		Work Address		

Student's LAST Name	FIRST Name	MIDDLE Name	Grade

**SIBLING INFORMATION (List other children at home between 1 and 18 years of age:)**

Sibling's Last Name	First Name	School	Grade	Birth Date

**INFORMATION CONCERNING FAMILY**

**Parent Information: (Please Check)**  
 1 – Both Parents Living     2 – One Parent Living     3 – No Parent Living

**Student Living With: (Please Check)**  
 A – Both Parents     B – Father Only     C – Mother Only     D – Father And Stepmother     E – Mother And Stepfather  
 F – Foster Parents     G – Legal Guardians     I – Institution     J – Legally Married Student     K – Over 19 Not At Home

**Homeless:**    **Primary Language of Family:**    **Foreign Exchange Student:**  
 Yes     No     English     Other \_\_\_\_\_     Yes     No

**EMERGENCY Contacts – In case of EMERGENCY or INCLEMENT WEATHER – If parent/guardian cannot be reached, my child has permission to be picked up by:**

FIRST Contact Name	Telephone	Ext	Cell Or Alt Telephone	Relationship to Student
SECOND Contact Name	Telephone	Ext	Cell Or Alt Telephone	Relationship to Student
THIRD Contact Name	Telephone	Ext	Cell Or Alt Telephone	Relationship to Student
FOURTH Contact Name	Telephone	Ext	Cell Or Alt Telephone	Relationship to Student

**MEDICAL INFORMATION - SIGNATURE BELOW GIVES CONSENT TO EMERGENCY MEDICAL TREATMENT**

Physician	Telephone	Address

**TRANSPORTATION**

PCSSD Bus Rider:     Yes     No    Walker Only – Permission To Walk:     Yes     No    Car Rider:     Yes     No

Does student reside two or more miles from school?     Yes     No

Date: \_\_\_\_\_ Please sign: \_\_\_\_\_  
Parent's / Guardian's Signature

<b>FOR OFFICE USE ONLY</b>	<b>Zone/Block</b>		<b>Bus Transportation</b>	<input type="checkbox"/> YES– ROUTE/BUS # _____ <input type="checkbox"/> NO		
	<b>M-to-M</b>	<input type="checkbox"/> 5 – NLR to PCSSD <input type="checkbox"/> 9 – LR to PCSSD				
	<b>PCSSD Permit</b>	<input type="checkbox"/> Integrative <input type="checkbox"/> Intradistrict <input type="checkbox"/> School Choice <input type="checkbox"/> Legal Transfer				
	<b>Entry Date</b>		<b>Enter Code</b>		<b>Transferred From:</b>	
	<b>Exit Date</b>		<b>Exit Code</b>		<b>Transferred To:</b>	
	<b>Document Used To Verify Legal Name And Birth Date:</b>	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport– Visa <input type="checkbox"/> School Records <input type="checkbox"/> Military ID	<b>Document Used To Verify Address:</b>	<input type="checkbox"/> Utility Bill <input type="checkbox"/> Lease <input type="checkbox"/> Purchase Contract <input type="checkbox"/> Base Housing	<b>Verification Of Address, Legal Name And Birth Date By:</b>	
Registrar/Bookkeeper Initial						