

**KINGSLEY ELEMENTARY
NEW STUDENT REGISTRATION FORM**

Grade _____

Student's Name _____

Last

First

Middle

Date of Birth _____

Physical Address _____ P.O. Box _____

City _____ Zip Code _____

Mailing Address _____

City _____ Zip Code _____

Home Telephone # _____ E-Mail _____

Ethnicity: (choose one): ____1 Hispanic or Latino ____ Not Hispanic or Latino

Race (choose one or more, regardless of Ethnicity): ____1 American Indian or Alaskan Native ____2 Asian

____3 Black or African American ____4 White ____5 Native Hawaiian or Other Pacific Islander

Mother's Name _____ Mother's Cell/Work # _____

Father's Name _____ Father's Cell/Work # _____

What is your child's native or first language? _____

What is the primary language used in your child's home or living environment? _____

Has student ever been in a special education program? Yes [] No [] Has a current IEP: Yes [] No []

Has student ever been expelled? Yes [] No []

Are there any medical concerns the school should be aware of? Yes [] No []

If so, what are they? _____

School attended last _____

Address _____

City, State, Zip _____

Signature: _____ Date: _____