

Twin Lakes School Dist. #4
Lakewood School
New Student Registration / Information Sheet

Fill out form completely and accurately please.

START DATE: _____

Student Information:

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ Age: _____ Grade Entering: _____

Birth Information: Birth City: _____ Birth County: _____ Birth State: _____

Gender: Female Male Homeless: Yes No Ethnicity (state required – check at least one)

Student lives with (check all that apply)

Father Stepfather Grandparents

Mother Stepmother Guardian

Other _____

No, not Hispanic or Latino Yes, Hispanic or Latino

White Asian

Black/African American

Amer. Indian/Alaskan Native Native Hawaiian or Pacific Islander

Parent/Guardian Information:

Father: _____ Phone: _____ Confidential: Yes No Cell Phone: _____ Confidential: Yes No

Address: _____ Apt. / Lot _____ City, State, Zip: _____

Father's Place of Employment: _____ Phone: _____

Mother: _____ Phone: _____ Confidential: Yes No Cell Phone: _____ Confidential: Yes No

Address: _____ Apt. / Lot _____ City, State, Zip: _____

Mother's Place of Employment: _____ Work Phone: _____

Step-Parent:: _____ Phone: _____ Confidential: Yes No Cell Phone: _____ Confidential: Yes No

Address: _____ Apt./Lot _____ City, State, Zip: _____

Step-Parent's Place of Employment _____ Work Phone: _____

Guardian: _____ Phone: _____ Confidential: Yes No Cell Phone: _____ Confidential: Yes No

Address: _____ Apt./Lot _____ City, State, Zip: _____

Guardian's Place of Employment: _____ Work Phone: _____

Family E-Mail Address: _____ Alternative E-Mail Address: _____

Primary Family Language: _____ Student ever enrolled in the following programs: ESL/ELL Bilingual None

How many consecutive years has student attended US Schools: Less than 3 years 3-4 years 5 years or more

Has student ever attended the Twin Lakes #4 School District? Yes No

Was student ever enrolled, or is student enrolled in a special education class? Yes No

Have you moved anywhere in the last three (3) years to work in agriculture or fishing (seasonal work)? Yes No

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Emergency Information: (For accident or illness in the event a parent cannot be reached, list two additional persons we can notify):

First Contact Name & Address: _____

Home Phone #: _____ Work Phone # _____ Cell Phone #: _____

Relationship to Student: _____

Second Contact Name & Address: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Relationship to Student: _____

Census Information: (Please list other children living in this household between the ages of newborn-20)

Full Name, Date of Birth, Gender and Race: _____

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Full Name, Date of Birth, Gender and Race: _____

Full Name, Date of Birth, Gender and Race: _____

Full Name, Date of Birth, Gender and Race: _____

I've acknowledged that the above information is true. _____
Signature Date

.....
For Office Use Only:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> District Residence Verified | <input type="checkbox"/> Birth Certificate Verified | <input type="checkbox"/> Student ID # _____ | <input type="checkbox"/> User Fee Collected |
| <input type="checkbox"/> Bus Transportation | Bus # _____ | Bus Stop _____ | Time _____ |
| <input type="checkbox"/> Homeroom Assignment | Room # _____ | Teacher _____ | Grade _____ |