

# TWO RIVERS PUBLIC SCHOOLS REGISTRATION FORM

Registration Date \_\_\_\_\_ Grade \_\_\_\_\_ School Lighthouse Learning Academy

Name of Student \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth \_\_\_\_\_ Sex (M) \_\_\_\_\_ (F) \_\_\_\_\_ Language spoken in the Home \_\_\_\_\_

When did the student first begin school in the USA? \_\_\_\_\_ Have they attended school outside the USA? \_\_\_\_\_ If yes how long? \_\_\_\_\_

A. Is student Hispanic/Latino (select one) **Yes** or **No**

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

1. American Indian or Alaska Native 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)

Did student's parent(s) attend Two Rivers Schools? (**Y or N**): Father \_\_\_\_\_ Mother \_\_\_\_\_ Mother's maiden name \_\_\_\_\_

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

Is this move because of a financial need? **Y or N** (*circle one*) If yes, please explain \_\_\_\_\_

**\*1<sup>st</sup> Family is the primary residence; this is where the student sleeps the majority of the time during the school week.**

**2<sup>nd</sup> Family is the secondary family residence.**

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

Primary Phone Number \_\_\_\_\_

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

1<sup>st</sup> Family – Parent/Guardian/Self \_\_\_\_\_ Relationship to student \_\_\_\_\_

2<sup>nd</sup> Phone \_\_\_\_\_ 3<sup>rd</sup> Phone \_\_\_\_\_

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

2<sup>nd</sup> Phone \_\_\_\_\_ 3<sup>rd</sup> Phone \_\_\_\_\_

Contact email address \_\_\_\_\_ The school may send notifications to this email address **Y or N**

2<sup>nd</sup> Family – Parent/ Guardian \_\_\_\_\_ Relationship to student \_\_\_\_\_

Primary Phone \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_ 3<sup>rd</sup> Phone \_\_\_\_\_

Step-parent \_\_\_\_\_

Primary Phone \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_ 3<sup>rd</sup> Phone \_\_\_\_\_

2<sup>nd</sup> Family's Address (include city, state and zip code)  
\_\_\_\_\_  
\_\_\_\_\_

## Emergency Information

Physician's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

In an emergency call (other than parent) \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ 2<sup>nd</sup> 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 October 21, 2015

**-Previous school information-**

Has the student been expelled from any other Public School District? \_\_\_\_\_ No \_\_\_\_\_ Yes (Specify) \_\_\_\_\_

Was the student enrolled in any special needs programs? \_\_\_\_\_ No \_\_\_\_\_ Yes (Specify) \_\_\_\_\_  
 (ex. EEN, 504, G/T, ELL, Title I, etc.)

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

**-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);

Student's personal cell phone \_\_\_\_\_ Student's personal home email address \_\_\_\_\_  
*(fill in the above information only if it applies to this student)*

**- IMPORTANT -**

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 race, color, religion, sex, national origin, age, or handicap*

**FOR OFFICE USE ONLY:** (to be filled in before form is sent to Central Office, please fax both sides of this form)

Homeroom or teacher name \_\_\_\_\_ Room # \_\_\_\_\_ Advisor \_\_\_\_\_

Starting Date \_\_\_\_\_ Birth Certificate was checked **Y** or **N**

**Y** or **N** Have filled out a **Home Language Survey** (please include a copy with registration form and put in cum file)