

# BURLINGTON SCHOOL DISTRICT

Building a Learning Community

## STUDENT REGISTRATION FORM

PLEASE PRINT LEGIBLY

Date: \_\_\_\_\_ Home School: \_\_\_\_\_ Registering School: \_\_\_\_\_ Current grade: \_\_\_\_\_  
Previous school attended (name, city, state): \_\_\_\_\_ Entering grade: \_\_\_\_\_  
Has your child ever been retained a grade? Yes No If yes, which grade? \_\_\_\_\_  
Has your child ever attended Burlington Schools? Yes No If yes, which school? \_\_\_\_\_

### Student Information

Legal last name: \_\_\_\_\_ Legal first name: \_\_\_\_\_ MI: \_\_\_\_\_ Jr / Sr / III / IV  
Gender: M \_\_\_\_\_ F \_\_\_\_\_ SSN: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Place of birth (city/state/county): \_\_\_\_\_  
Phone: \_\_\_\_\_ Listed? Yes No Cell: \_\_\_\_\_ Pager: \_\_\_\_\_ Work: \_\_\_\_\_  
Home address: \_\_\_\_\_  
Mailing address (if different): \_\_\_\_\_  
Student lives with:  Mother  Father  Guardian  Both  Independently  
 Other (list information) \_\_\_\_\_  
 Siblings \_\_\_\_\_

### Parent/Guardian Information

Mother / Father / Guardian (circle)  Sole Custody  Joint Custody  No Custody  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Listed? Yes No Cell: \_\_\_\_\_ Pager: \_\_\_\_\_ Work: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Highest level of education completed:  High school  Some college  College  Post grad  
Mother / Father / Guardian (circle)  Sole Custody  Joint Custody  No Custody  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Listed? Yes No Cell: \_\_\_\_\_ Pager: \_\_\_\_\_ Work: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Highest level of education completed:  High school  Some college  College  Post grad  
Other (legal guardian) name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Listed? Yes No Cell: \_\_\_\_\_ Pager: \_\_\_\_\_ Work: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Highest level of education completed:  High school  Some college  College  Post grad

\*\*\*Please complete reverse side of form\*\*\*

In state care and custody?      Yes      No      *If yes, please complete the following:*  
 Location of DCF-Family Services Agency: \_\_\_\_\_  
 DCF-Family caseworker name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Are there any court orders the school should be aware of?      Yes      No      *If yes, please include a copy with your registration.*

**Special Services Information**

Please check any special services your child has received prior to this year:

- IEP     ESL     Title I     504     Other (list):

**Migrant Education Program Information**

In the last three years, have you moved with a family or guardian to Burlington in search of temporary or seasonal work in agriculture or logging?       Yes     No      *If YES, complete the AGRICULTURAL EMPLOYMENT SURVEY.*

**Civil Rights Information**

Please check appropriate race category (for State/Federal reporting purposes only). May check multiple categories:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> White/Non-Hispanic      | <input type="checkbox"/> Black/Non-Hispanic        | <input type="checkbox"/> Latino         |
| <input type="checkbox"/> American Indian/Alaskan | <input type="checkbox"/> Hawaiian/Pacific Islander | <input type="checkbox"/> Multi-cultural |
| <input type="checkbox"/> Asian                   | <input type="checkbox"/> Hispanic                  |   |

**For Internal Use Only (initial below):**

SCHOOL ENROLLMENT DATE: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

- \* \_\_\_\_\_ Completed Student Registration Form (to student record)
- \* \_\_\_\_\_ Birth Certificate (to student record)
- \* \_\_\_\_\_ Proof of Residency (to student record)
- \* \_\_\_\_\_ Primary Home Language Survey (to ESL teacher)
- \* \_\_\_\_\_ Migrant Education Program Agricultural Employment Survey (mail in)
- \* \_\_\_\_\_ Immunization/Health records (to School Nurse)
- \_\_\_\_\_ Notify Food Service when lunch form is completed
- \_\_\_\_\_ Kindergarten Parent Survey (new K students only)
- \_\_\_\_\_ Student Record Transfer Request Form (transfer students only)
- \_\_\_\_\_ Health/Emergency Contact Form (to School Nurse)
- \_\_\_\_\_ Student records from sending school (if applicable)
- \_\_\_\_\_ Student is on variance, form received (to IRA)      From which school: \_\_\_\_\_

\* **Mandatory forms for completion**