

UNION COUNTY PUBLIC SCHOOLS
2011-2012 Student Registration Form

Office Use Only	Student ID# _____	Homeroom _____
	Entry Date _____	Bus Number _____ AM
	Entry Code _____	_____ PM

STUDENT INFORMATION

Student's Legal Name: _____ **Grade 2010-11** _____

_____ Last _____ First _____ Middle _____

Home Phone: (_____) _____ **Birth Date:** ____/____/____ **Student's Place of Birth** _____
 _____ City/County/State/Country

Property Address: _____
 _____ Street # _____ Street Name _____ Apt.# _____ City _____ Zip _____

Student Ethnicity (Please circle one): Hispanic _____ Non-Hispanic _____
Student Race (Please circle all that apply): White _____ Asian _____ Black _____ American Indian/Alaskan Native _____ Hawaiian/Pacific Islander _____ **Male** _____ **Female** _____

Name of last school attended: _____ **Phone Number:** _____

Dates Attended: _____ **School Address:** _____

Has student attended a North Carolina School before? Yes _____ No _____ Name of NC School? _____

Address: _____ Type of School (Circle one): Public _____ Private _____ Dates Attended: _____

Other School Attended: _____ City/State: _____ Dates Attended: _____

Other School Attended: _____ City/State: _____ Dates Attended: _____

PARENT/GUARDIAN INFORMATION If child lives with someone other than parent(s) who has legal custody? _____

Mother/Stepmother Name	Living with Student? Yes No	Cell Phone # ()
Address	Emergency Contact? Yes No	Home Phone # ()
Place of Birth	Work Phone # ()	Highest Educational Level
Employer's Name	Occupation	E-mail Address:
Father/Stepfather Name	Living with Student? Yes No	Cell Phone # ()
Address	Emergency Contact? Yes No	Home Phone # ()
Place of Birth	Work Phone # ()	Highest Educational Level
Employer's Name	Occupation	E-mail Address:
Guardian Name	Living with Student? Yes No	Cell Phone # ()
Address	Emergency Contact? Yes No	Home Phone # ()
Place of Birth	Work Phone # ()	Highest Educational Level
Employer's Name	Occupation	E-mail Address:

STUDENT EDUCATIONAL NEEDS

Does your child have an IEP (Individual Education Plan)? Yes _____ No _____ Does your child have a 504 (Student Accommodation Plan)? Yes _____ No _____
 Check any services that your child has previously received: AIG (Gifted) _____ Speech _____ Occupational /Physical Therapy _____ Other _____
 Has your child ever been retained? _____ If yes, what grade was repeated? _____

TRANSPORTATION INFORMATION

AM (Circle One)

PM (Circle One)

Student will be transported to/from school by: Bus Car Bus Car Afterschool Name of afterschool _____

If school has an **EARLY DISMISSAL** your child will: Ride Bus # _____ Car rider with: _____

*****PRIOR ARRANGEMENTS NEEDED, TIME DOES NOT ALLOW FOR PHONE CALLS*****

MEDICAL INFORMATION

**NC Law requires a complete immunization record within 30 calendar days of enrollment in school. Failure to comply will result in student suspension with compliance required prior to re-admission. **

Name of Family Doctor: _____ Phone: _____ Dentist: _____ Phone: _____

Note any health problems or activity restrictions _____

Is your child taking any prescribed medications? Yes _____ No _____ If yes, please list _____

Are there any medical conditions we should be aware of (i.e., allergies, hearing impaired, seizures, etc.)? Please list _____

FAMILY INFORMATION

Please list all siblings.

Brothers

Name	Age	Grade	School

Sisters

Name	Age	Grade	School

EMERGENCY CONTACTS (Other than parents)

	Last Name	First Name	Relationship	Home Phone	Work Phone	Cell Phone	Can Pick Up Child (Please circle)	
1				()	()	()	Yes	No
2				()	()	()	Yes	No
3				()	()	()	Yes	No
4				()	()	()	Yes	No

Union County Public Schools is dedicated to providing an equal opportunity to all students within its community. Accordingly, Union County Public Schools does not practice or condone any discrimination in any form against students on the grounds of race, color, national origin, religion, sex, age or handicap.

Parent/Guardian Signature

Date