

STUDENT INFORMATION-Please print

Student Legal Name (as on Birth Certificate): _____ Name used: _____

Grade: _____ Gender: M F Date of Birth: _____ Age: _____ Place of Birth: _____

Home Address: _____ Apt/Bldg: _____ City: _____ County: _____ State: _____ Zip: _____

Mailing Address (if different): _____ Home Phone: _____ Soc. Sec. #: _____

RACE/ETHNICITY-Please answer BOTH question 1 and 2:

- | | | |
|---|---|-------|
| 1. <u>Are you Hispanic or Latino? (choose only one)</u> | 2. <u>What is your race? (choose one or more)</u> | |
| No, Not Hispanic or Latino | American Indian or Alaska Native | Asian |
| Yes, Hispanic or Latino | Black or African American | White |
| | Native Hawaiian or Other Pacific Islander | |

What is the primary language spoken in the home? _____ Would you like to receive correspondence in English Spanish

SCHOOL INFORMATION

Previous School Attended: _____ Grade: _____ School Year: _____ City, State: _____

Has student attended in NPS School before? No Yes School: _____ Grade: _____ School Year: _____

Is English the student's second language? No Yes Does the student have an Individual Education Plan (IEP) No Yes

Do you live more than 4 miles from the nearest public school that you could attend? No Yes

List the *first time* the student was enrolled in any school in the US (including preschool and kindergarten) _____ Month/year _____ Grade _____

STUDENT LIVES WITH: (check ALL that apply)

Mother Father Stepfather Stepmother Foster parents Relatives _____ Other _____

PARENT/GUARDIAN INFORMATION (use reverse side if needed)

Please provide legal documents if there are any legal restrictions on who should have access or contact with this student.

#1 Name: _____ Gender: _____ Relationship to Student: _____ Can contact student? Yes No

Responsible for student? Yes No

Home Address: SAME AS STUDENT Home Phone: SAME AS STUDENT Receive Mailings? Yes No

Employer: _____ Work Phone: _____ Access to Parent Portal? Yes No

Email Address: _____ Cell Phone: _____ Can Receive Text? Yes No

#2 Name: _____ Gender: _____ Relationship to Student: _____ Can contact student? Yes No

Responsible for student? Yes No

Home Address: _____ Home Phone: _____ Receive Mailings? Yes No

Employer: _____ Work Phone: _____ Access to Parent Portal? Yes No

Email Address: _____ Cell Phone: _____ Can Receive Text? Yes No

#3 Name: _____ Gender: _____ Relationship to Student: _____ Can contact student? Yes No

Responsible for student? Yes No

Home Address: _____ Home Phone: _____ Receive Mailings? Yes No

Employer: _____ Work Phone: _____ Access to Parent Portal? Yes No

Email Address: _____ Cell Phone: _____ Can Receive Text? Yes No

ALL ADDITIONAL CHILDREN (under 19 years of age) LIVING IN THIS HOME (use reverse side if needed)

Name: _____ Date of Birth: _____ Age: _____ Gender: M F School: _____

Name: _____ Date of Birth: _____ Age: _____ Gender: M F School: _____

Name: _____ Date of Birth: _____ Age: _____ Gender: M F School: _____

Name: _____ Date of Birth: _____ Age: _____ Gender: M F School: _____

EMERGENCY CONTACTS

Name: _____

Phone: _____

Name: _____

Phone: _____

PRIMARY CARE PHYSICIAN

Name: _____

Phone: _____

FOR OFFICE USE ONLY:

Date Registered: _____ Registered by: _____ Certified Birth Certificate Furnished: _____ Option: _____ Boundary Exception: _____

Home Sch: _____ Res Dist# _____