

Student Registration Form

Student Information

Last Name: _____ First Name: _____ Middle Name: _____
Street address: _____ City: _____
State: _____ Zip: _____
Home Phone: _____ Birthplace (City, State): _____
Date of Birth: _____ Sex M / F: _____ Current Grade: _____

Transportation Information

In what county do you reside?
 New Castle Kent Sussex

Development: _____

What are the major cross streets nearest to your residence? _____

Ethnicity/Race (Federal Requirement)

Part A: **Is this student Hispanic/Latino** (Defined as a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.) **Choose only one:**

No, Not Hispanic or Latino Yes, Hispanic or Latino

Part B: What is the student's race? (Choose one or more, regardless of ethnicity)

American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Pacific Islander
 White

Special Needs

Does your child have any special needs: 504 Plan IEP *If "Yes" please supply a copy of the plan*

Parent/Guardian Information

Mother/Guardian 1 Name: _____
Email: _____
Mobile Phone: _____
Work Phone: _____

Father/Guardian 2 Name: _____
Email: _____
Mobile Phone: _____
Work Phone: _____

Child resides with Mother Father Both Other _____

Custody papers Yes No *If Yes, Custody papers **must** be supplied*

Emergency Contacts

1. Name: _____ Relationship: _____
Home Phone: _____ Mobile Phone: _____
Work Phone: _____

2. Name: _____ Relationship: _____
Home Phone: _____ Mobile Phone: _____
Work Phone: _____

Parent/Guardian Signature _____ **Date** _____