NEW STUDENT REGISTRATION FORM



Student Name						
(Last)			(First)		(Middle)	(Known As)
Date of Birth Birthp	lace (City/S	tate o	r Coun	try)		
□Male □Female Grade Has	s your child	ever a	ttende	d school in Alpi	ne School Distr	ict? ⊡Yes ⊡No
School Last Attended		Add	dress _	- 1916-1919-1919-1919-1919-1919-1919-191		
Student transferring from: Circle One	WITHIN DIST	RICT	OUT C	F DISTRICT C	UT OF STATE	OUT OF COUNTRY*
Enrollment date in first USA school*If out of country, which country?						
ather's Email Mother's Email						
Student's Home Address						
Name of Parent or Legal Guardian	(City)			(State) (Zip		
STUDENT LIVES WITH				Circle Primary Phone #		
(Write Names)	DOB	Foster	Step	HOME PHONE	CELL PHONE	WORK PHONE
Father						
Mother						
Guardian						
Other						
Student's school-aged siblings:						
Schools siblings are/will be attending: Circle One 1. Yes No Has your child lived in the US for the last 3 years? 2. Yes No Do you have legal custody of the child you are registering? 3. Yes No Is the child you are registering a foster child/ward of the court? 4. Yes No Does this child have an Individualized Education Plan or is he/she receiving Special Education Services? 5. Yes No Are you living with friends or relatives? 6. Yes No Has your child ever been suspended/expelled from school? 7. Yes No Is this child receiving English language support? 8. Yes No Is English the primary language spoken in the home? If no, what language is spoken?						
			EUSE			
Teacher Track Skyward - NCLB Schedule Hon Immunizations - Complete In Proc Administrator Approval	ne Room	Adviso	r	Class Li	st E	SL Yor N

Federal Legislation is now requiring more detailed reporting for student ethnicity and race. As a result, Alpine School District asks that you help us comply with this legislation by answering the following questions.

ETHNICITY: Is this student Hispanic/Latino?

Yes 🗆 Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

No 🗆 Not Hispanic/Latino

RACE: What is this student's race? (Choose one or more)

□ American Indian or Alaska Native (a person having origins in any of the original peoples of North, South or Central America and who maintains tribal affiliation or community attachment)

If checked, please indicate which Tribe or Band

- Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including; Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand and Vietnam)
- Black or African American (a person having origins in any of the black racial groups of Africa)
- □ Native Hawaiian or Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

□ White (a person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

I understand that the district is required to report the above information for all students, but I refuse to declare a race for my student. I understand that district personnel will do their best to determine my child's race and report that determination.