

# KLAMATH FALLS CITY SCHOOLS REGISTRATION FORM

Formas de registro son disponibles en español. Por favor de pedir le una a la secretaria.  
Si usted necesita ayuda ir intérprete por favor llame a la oficina Bilingüe al teléfono (541) 883-4747.

Office Use Only:  
Enrollment Date \_\_\_\_\_  
Grade Level \_\_\_\_\_  
Homeroom \_\_\_\_\_

Student Legal Name: \_\_\_\_\_  
First Name Middle Name Last Name Suffix

## HOUSEHOLD

### Household Parent 1 (lives with):

Language spoken at home: \_\_\_\_\_ Send mailings in Spanish:  No  Yes  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Primary telephone: \_\_\_\_\_  Cell phone  Landline  
Secondary telephone: \_\_\_\_\_  Cell phone  Landline  
Physical address: \_\_\_\_\_  
House Number Street Apt City State Zip  
Mailing address (if different): \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Work telephone: \_\_\_\_\_ Extension: \_\_\_\_\_

### Household Parent 2 (lives with):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Primary telephone: \_\_\_\_\_ Cell phone Landline  
Secondary telephone: \_\_\_\_\_ Cell phone Landline  
E-mail address: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Work telephone: \_\_\_\_\_ Extension: \_\_\_\_\_

## NON-RESIDENT FAMILY

### Non-resident Parent 1:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Primary telephone: \_\_\_\_\_  Cell phone  Landline  
Secondary telephone: \_\_\_\_\_  Cell phone  Landline  
Mailing address: \_\_\_\_\_  
House Number Street Apt City State Zip  
E-mail address: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Work telephone: \_\_\_\_\_ Extension: \_\_\_\_\_  
Is the student allowed to leave with this parent?  Yes  No  Restraining order  Court order  
 Send mailings Send mailings in Spanish:  No  Yes **Documents must be on file with the school.**

### Non-resident Parent 2:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Primary telephone: \_\_\_\_\_  Cell phone  Landline  
Secondary telephone: \_\_\_\_\_  Cell phone  Landline  
Mailing address: \_\_\_\_\_  
House Number Street Apt City State Zip  
E-mail address: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Work telephone: \_\_\_\_\_ Extension: \_\_\_\_\_  
Is the student allowed to leave with this parent?  Yes  No  Restraining order  Court order  
 Send mailings Send mailings in Spanish:  No  Yes **Documents must be on file with the school.**

For additional non-resident parents, please add a separate sheet of paper. Thank you.

EMERGENCY CONTACT

Allowed to leave with student?	Name	Relationship	Cell phone	Home telephone	Work telephone
<input type="radio"/> Yes <input type="radio"/> No					
<input type="radio"/> Yes <input type="radio"/> No					
<input type="radio"/> Yes <input type="radio"/> No					
<input type="radio"/> Yes <input type="radio"/> No					

STUDENT

Student Legal Name: \_\_\_\_\_  
First Name Middle Name Last Name Suffix

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Ethnicity:  Non-Hispanic  Hispanic

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

Grade level: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Does this student have a current IEP (Individual Education Plan)/504 plan and/or needs Special Education?  No  Yes  
 If yes, in what area(s)? \_\_\_\_\_

Academic needs: \_\_\_\_\_

Please list any special health considerations such as asthma, migraines, diabetes, and allergies:  
 \_\_\_\_\_

Last school attended: \_\_\_\_\_ Last grade completed: \_\_\_\_\_ Last day of attendance: \_\_\_\_\_

Last school address: \_\_\_\_\_

Please list all other schools previously attended/address/city/state:  
 \_\_\_\_\_

<u>Sibling's Name</u>	<u>Age</u>	<u>School</u>

By signing this form, I am stating I have read and understand the information on this document.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_