

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 _____
Going into 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: _____