

- Please Print -

School Year _____
Home Room _____
Student ID# _____

Complete this box if student is new to this district:
Entry Date _____ Entry Grade _____ Entry Age _____
Name/Zip Code of last school attended: _____

Teacher _____
Grade _____
Gender: M F (Circle one)

HIGHLAND LOCAL SCHOOL DISTRICT REGISTRATION FORM
HAS INFORMATION ON THIS FORM CHANGED FROM LAST YEAR? YES NO

Student Name _____
Last First Middle (Required)

Home Phone _____
(Used for school cancellation/delay)

Address _____
Street City State Zip Code

Birth Date _____ Birth Place _____
(Required) City State Country

Ethnicity/Race (Optional)
1. Are you Hispanic/Latino? Yes/No
2. Select one or more races from the following (circle your choice(s)):
I – American Indian/Alaskan Native
A – Asian
B – Black or African American
P – Native Hawaiian/other Pacific Islander
W- White

Home Language Survey:

- 1. What language did your child speak when he or she first learned to talk? _____
- 2. What language does your child use most frequently at home? _____
- 3. What language do you use most frequently to your son/daughter? _____
- 4. What language do the adults at home most often speak? _____
- 5. How long has your son/daughter attended school in the United States? _____

Parent Status: Married Single
 Divorced Separated
 Widowed

Child Lives With: both natural parents only father only mother
 natural mother, step/adoptive father grandparents (with legal custody)
 natural father, step/adoptive mother other relatives (with legal custody)

Residential Parent/Guardian _____

Emergency Daytime Number _____

Place of Employment _____

Cell Phone Number _____

Parent/Guardian Email _____

Work Phone Number _____

Residential Parent/Guardian _____

Cell Phone Number _____

Place of Employment _____

Work Phone Number _____

Non-Residential Parent _____

Non-Residential Parent Phone _____

Address of **non-residential** Parent _____

Street Address City State Zip

Does the **non-residential** parent have visitation rights? Yes No

Is there a court decision that the non-residential parent should **NOT** receive school information or attend school activities?
Yes No

Please attach a certified copy of the court decision establishing custody or guardianship and include those sections referring to visitation rights and contacts with the school. Also include the page bearing the judge's signature and court seal. This copy should include any and all modifications made as of the date of registration of the child in this school. It is also the responsibility of the parents to inform the building principal of any subsequent modification during the child's tenure at the school.

SPECIAL PROGRAMS / SERVICES: Check any special services your student has been receiving:

- Autism /Autistic-like behaviors Emotional disturbances Orthopedic impairment Title I Tutoring
- Cognitive disability Gifted Other health impairment Traumatic brain injury
- Deaf-blindness Hearing impairment Specific learning disabilities Visual impairment
- Deafness Multiple disabilities Speech or language impairment including blindness

If identified for special education service(s), is there a current IEP? Yes No

I give _____ do not give _____ permission of directory information to be released.
*For high school students, directory information is also made available to the Armed Services.
I authorized _____ do not authorize _____ publicity releases which include my child's picture/name.
(If neither is checked, permission is assumed to be granted.)

Date _____ Parent/Guardian Signature _____