



PLAIN LOCAL SCHOOL DISTRICT - STUDENT REGISTRATION

Parent/Guardian Email:

Please note: This email address will be used to send you important start of the year information and forms. Please write clearly.

SECTION I: STUDENT INFORMATION

Plain Local Building: Today's Date Grade

Previously attended Plain Local Schools? Yes No What grades?

Full Legal Name Last First Middle

Preferred Name Gender M F Birthdate Month Day Year

Is student of Hispanic/Latino origin? Yes No (Cuban, Mexican, Puerto Rican, South/ Central American, other Spanish culture or origin, any race)

Racial Group (Choose one or more) [Note: If no selection is made, school personnel are required to make a observer identification.]

African American Pacific Islander Asian Caucasian
Multiracial Indian or Alaskan Other (Specify)

City of Birth: Country of Birth:

Other Family Members Enrolling in District:

Name Grade Bldg

Name Grade Bldg

Continue on back if needed.....

Primary Phone Number ( ) Note: This is the Primary number, first number at which parents would like to be contacted by the school if needed. (you will have opportunity to list additional numbers later).

Is this number: Cell Home Work Other: (specify)

SECTION II: RESIDENCY

Street Address Apt No:

City ZIP How Long at this address:

Current Proof of Residency: gas bill electric bill lease/purchase agreement

IF THE STUDENT RESIDES IN PLAIN, SKIP TO SECTION III – IF NOT, COMPLETE BELOW

In what district do you reside?

Type of non-resident enrollment:

Tuition Superintendent's Agreement [must be signed by both school districts]

Foster [Copy of judgment entry required] Responsible District:

Natural Mother: Current Address:

Natural Father: Current Address:

Grandparent Enrolling Name:

Type of Grandparent Enrollment: District approved grandparent waiver Court Appointed

Power of Attorney OR Caretaker Affidavit [student is enrolled as resident student for both]

**SECTION III: PARENT/GUARDIAN(S) LIVING WITH STUDENT**

# 1 Name: \_\_\_\_\_      Mother      Father      Other \_\_\_\_\_ (specify)  
Preferred Phone # (\_\_\_\_\_) \_\_\_\_\_      Home      Cell      Work      Other  
Secondary Phone# (\_\_\_\_\_) \_\_\_\_\_      Home      Cell      Work      Other  
Third Phone # (\_\_\_\_\_) \_\_\_\_\_      Home      Cell      Work      Other  
EMAIL \_\_\_\_\_

# 2 Name: \_\_\_\_\_      Mother      Father      Other \_\_\_\_\_ (specify)  
Preferred Phone # (\_\_\_\_\_) \_\_\_\_\_      Home      Cell      Work      Other  
Secondary Phone# (\_\_\_\_\_) \_\_\_\_\_      Home      Cell      Work      Other  
Third Phone # (\_\_\_\_\_) \_\_\_\_\_      Home      Cell      Work      Other  
EMAIL \_\_\_\_\_

**SECTION IV: PARENT/GUARDIAN/CUSTODY INFORMATION**

     Full Custody. Which parent? \_\_\_\_\_  
     Joint Custody. Residential parent: \_\_\_\_\_  
     Shared Parenting Plan - School district of non-residential parent: \_\_\_\_\_  
Name of non-custodial parent: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
Address of non-custodial parent: \_\_\_\_\_  
Is non-custodial parent to receive report cards/school mailings?      Yes      No Emergency Calls      Yes      No  
Visitation rights?      Yes      No Can pick up child from School?      Yes      No  
Parent/Guardian is currently a member of Active Duty Forces (Army, Navy, Air Force, Marine Corp or Coast Guard)      Yes      No      Reserves  
Parent/Guardian is member of National Guard (Army or Air)      Yes      No      Reserves

**SECTION V: OTHER CONTACT INFORMATION**

Contact #1

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Preferred Phone: \_\_\_\_\_ Type:      Mobile      Home  
Other Phone: \_\_\_\_\_ Type:      Mobile      Home  
Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Approved Emergency Contact      Yes      No Authorized to pick up child      Yes      No

Contact #2

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Preferred Phone: \_\_\_\_\_ Type:      Mobile      Home  
Other Phone: \_\_\_\_\_ Type:      Mobile      Home  
Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Approved Emergency Contact      Yes      No Authorized to pick up child      Yes      No

Contact #3

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Type: \_\_\_\_\_ Mobile \_\_\_\_\_ Home

Other Phone: \_\_\_\_\_ Type: \_\_\_\_\_ Mobile \_\_\_\_\_ Home

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Approved Emergency Contact \_\_\_\_\_ Yes \_\_\_\_\_ No Authorized to pick up child \_\_\_\_\_ Yes \_\_\_\_\_ No

**SECTION VI: OTHER EDUCATIONAL FACTORS**

Years of Preschool: (circle one) 0 1 2 3 Name of Preschool: \_\_\_\_\_

Has student been identified as Gifted? \_\_\_\_\_ Yes \_\_\_\_\_ No In what area(s)? \_\_\_\_\_

Gifted Services? \_\_\_\_\_ Yes\* \_\_\_\_\_ No \*What subjects(?) \_\_\_\_\_

Does student receive any of the following services:

Special Education (IEP)? \_\_\_\_\_ Yes \_\_\_\_\_ No Educational services via a 504 plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has student ever been retained? \_\_\_\_\_ Yes\* \_\_\_\_\_ No \* What grade (s) were repeated? \_\_\_\_\_

**SECTION VII: SPEECH & HEARING AND VISION PROGRAM**

**SPEECH & HEARING:**

I hereby **GIVE** my consent for my child to have speech & hearing screening.

I **DO NOT** give my consent for my child to have speech & hearing screening.

**VISION:**

I hereby **GIVE** my consent for my child to have vision screening.

I **DO NOT** give my consent for my child to have vision screening.

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

Date: \_\_\_\_\_