

New Student Registration Information

First Name: _____

Full Middle Name: _____

Last Name: _____

Called Name (if different): _____

Date of Birth: _____ Age: _____ Gender: _____

Birthplace City: _____

Address of Residence:

Street: _____

City: _____ State: _____ Zip Code: _____

Mailing address if different than above:

Street: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Phone: _____

Mother's Name: _____

Mother's Maiden Name: _____

Parent's address if different from above: _____

1. Is the respondent Hispanic/Latino? _____ Yes _____ No (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
2. Which of the following five racial groups applies to the respondent. Check all that apply.

___ **American Indian or Alaskan Native** – Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliations or community attachment.

___ **Asian** – Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

___ **Black or African American** – Persons having origins in any of the black racial groups of Africa.

___ **Native Hawaiian or Other Pacific Islander**

___ **White** – People who have origins in any of the original peoples of Europe, North Africa, or the Middle East.

(The U.S. Department of Education will allow educational entities to use “observer identification” of the race and ethnicity of elementary and secondary school students when self-identification or identification by the parents does not occur).

Admission Date: _____

Enrollment Status: District Resident: _____ Foster: _____ Open Enrollment: _____