

**Student Registration Form**  
One Registration form per STUDENT  
Please Print

<b>Phone at Primary Residence:</b> (    ) _____ - _____	<b>Phone at Secondary Residence:</b> (    ) _____ - _____
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**Student's Legal Name** (as it appears on birth certificate)

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Nickname: \_\_\_\_\_ Gender:  Male  Female Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Racial/Ethnic Designation Part A:** Is this student Hispanic/Latino?  Yes  No

*Part A is about ethnicity, not race; no matter what you selected in Part A above, please provide an answer to Part B.*

**Part B:** Which of the following groups describe your race? (choose one or more)

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

Country of Birth: \_\_\_\_\_ Student's Cell Phone #: \_\_\_\_\_

**General Enrollment Information**

Grade Level for 2018-2019 School Year: \_\_\_\_\_

Previous School (Name/Phone): \_\_\_\_\_

Has this student previously attended a public school in this district (Weld RE-4)?  Yes  No

Including Kindergarten and Preschool, date the student began attending school in the **United States?** \_\_\_\_\_  
(Includes **Public** and **Private** schools. Does not include home school.)

**Other Services**

Is your student currently receiving additional educational services? (Please check all that apply)

- 504 Plan     Counseling     English Language Acquisition  
 Gifted/Talented     Special Education     Additional Reading or Math Instruction

**Parent/Guardian Not living at the Family Address** (non-custodial parents who have rights relating to this student)  
*Do not complete if this is a secondary address at which the student resides at least part of the time.*

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Relationship to Student:     Mother     Step-Mother     Grandparent  
    Father     Step-Father     Guardian

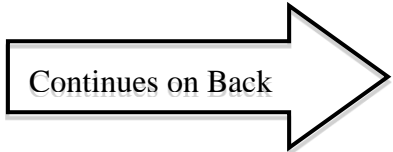
Is there a current court order that would prohibit, restrict, or otherwise modify this parent/guardian's contact with this student? If yes, please attach a copy of this order.  Yes  No

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

<b>Office Use Only:</b> Entered into SIS by: _____ Date: _____
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**Emergency Contacts** – other than parents/guardians.

*We will always attempt to contact listed parents/guardians before emergency contacts.*

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Relationship to Student:     Neighbor             Other (please define): \_\_\_\_\_  
    Friend                 Grandparent

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Relationship to Student:     Neighbor             Other (please define): \_\_\_\_\_  
    Friend                 Grandparent

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Relationship to Student:     Neighbor             Other (please define): \_\_\_\_\_  
    Friend                 Grandparent

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Relationship to Student:     Neighbor             Other (please define): \_\_\_\_\_  
    Friend                 Grandparent

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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I authorize officials of Weld County School District RE-4 to contact the persons I have designated as emergency contacts and in the event that my designated emergency contacts cannot be reached, school officials are authorized to take whatever action is deemed necessary in their judgment for the health and safety of the aforesaid children. Expenses, including any incurred as a result of emergency ambulance use or treatment by a physician will not be borne by the District.

I acknowledge the Student Code of Conduct and Annual Notifications Books, including the annual FERPA notice, are available on the district website, [www.weldre4.org](http://www.weldre4.org). A printed copy can be obtained at my student's school or the District Office, 1020 Main Street, Windsor. All policies are subject to changes and updates by the Board of Education throughout the year.

I affirm that all information given above is true and correct. I understand and agree that pursuant to School Board Policy, all students new to the District shall be enrolled conditionally until records, including discipline records, from the schools previously attended by the student are received by the Weld County School District RE-4. In the event such records are not received or indicate a reason to deny admission, the student's conditional enrollment may be revoked.

To the best of my knowledge, the above registration information is complete and accurate.

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