

Ames Community Schools
New Student Registration Information
2012-2013 School Year

Office Use Only

Student ID Number: _____

Date: _____ Start Date: _____

School: _____

Birth Certificate: Y N

Proof of Residence: Y N

Immunizations: Y N

____ I am requesting **Kindergarten** programming

____ I am requesting **Early Kindergarten** programming

Student Information:

Student's Legal Name: _____
Last First Middle Suffix (Jr., III)

Gender: _____ M/F Nickname: _____ Grade: _____

Birthdate: _____ Birth Country: _____
Month Day Year

Date Entered US: _____ Date First Entered US School: _____
(If not born in U.S.) Month Day Year (If not born in U.S.) Month Day Year

Student Ethnicity - Is this student Hispanic/Latino? _____ Yes _____ No (Spanish culture/origin, regardless of race)

Student race (choose ALL that apply):

____ American Indian or Alaskan Native

____ Asian

____ Black or African American

____ Native Hawaiian or Other Pacific Islander

____ White

What do you consider to be your primary race? - _____

Home Primary Language (If different than English): _____

Does this student receive Special Education services (does he/she have an IEP)? _____ Yes _____ No

Student's Home Address and Phone:

Address _____ City _____ State _____ Zip+4 _____

Phone _____ Student's Email (high school) _____

Student's Cell (high school) _____

Parent/Guardian Residing With Student

Name: _____ Relationship to Student: _____

Work Phone: (____) _____ Cell Phone: (____) _____

E-mail: _____

Spouse of Parent/Guardian Listed Above

Name: _____ Relationship to Student: _____

Work Phone: (____) _____ Cell Phone: (____) _____

E-mail: _____

Please Continue on Back

Parent/Guardian NOT Residing With Student: (non-custodial parent, etc.)

Include this person in mailings regarding the student: ___ Yes ___ No

Name: _____ Relationship to Student: _____

Address: _____

Address **City** **State** **Zip Code**

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone (____) _____ Spouse's Name _____

Legal restrictions concerning the Non Custodial Parent: ___ Yes ___ No If Yes, please provide legal proof of restrictions

Previous School Information

Please list the last school attend: _____

School Name

_____ (____) _____

Address City, State, Zip Phone Number

Has this student ever attended Ames schools before? ___ Yes ___ No Year: _____

Kindergarten Only: Did this student attend Preschool? ___ Yes ___ No

Please list the Name(s) of all siblings who attend Ames Community Schools

| Name | Grade | School | Male/Female |
|-------|-------|--------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Emergency Contact

(Person to contact in case you can't be reached)

Name _____

Relationship to Student _____

Home Phone _____

Cell Phone _____

Work Phone _____

Emergency Closing Contact

(Person to contact if school closes unexpectedly)

Name _____

Relationship to Student _____

Home Phone _____

Cell Phone _____

Work Phone _____

Daycare Provider or After School Program

Name _____

Office/Home Phone (____) _____ Cell Phone (____) _____

Student Travel To/From School: ___ Walk ___ Bus ___ Daycare Other: _____

Signature of Parent/Guardian: _____

Date _____