

Current Date 02/28/17

DIXON PUBLIC SCHOOLS REGISTRATION INFORMATION

| | |
|------------------------------|--------------------|
| For Office Staff Only | |
| New Family | Proof of Residency |

School Starting Date

Student's Last Name Student's First Name Middle Name

Birth Date Grade Gender

Home Address City Zip Code

Home Phone Unlisted? Cell Phone

Ethnicity: Hispanic OR If Non-Hispanic please choose one of the following: White Black or African American

2 or more races Asian American Indian or Alaskan Native Other Pacific Islander

Are you living with friends or relatives because of your financial situation or are you homeless? Yes No

Has this student ever attended Dixon Public Schools? No If yes, what school

IF TRANSFERRING, Name of Previous School

Address/City/State

HOME LANGUAGE SURVEY:

Is a language other than English spoken in your home? No If yes, what language

Is this the primary language in the home? No Yes

Does your child speak a language other than English? If yes, what language?

**If you answered yes to the above language questions, the law requires to test your child's English Language proficiency. The school will measure your child's listening, speaking, reading, & writing skills.*

Is this child a Foster Child? Yes Placed by (please supply our office with documentation)

If yes, does the biological parent live in the Dixon School District? Yes No

SPECIAL SERVICES:

Is this student receiving Special Education Services or have a current IEP? Yes No

Type of Service

Does the child have any known: Speech/Language Needs Hearing Problems Vision Problems Advanced Skills Disabilities

Does this student have at least one Parent or Guardian who is an active member of the Army, Navy, Air Force, Marine Corps, or Coast Guard that is full-time in the military service of the United States? Yes No

GUARDIAN INFORMATION:

Mother's Last Name First Name Lives with Student

If you do not live with the student, what is your address?

Home Phone Cell Phone

Employer Work Phone

Email address Is this person a CONVICTED CHILD SEX OFFENDER? Yes No

Do you have sole custody: Yes (If yes, please supply our office with documentation) No **Joint Custody?**

Father's Last Name First Name Lives with Student

If you don't live with the student, what is your address?

Home Phone Cell Phone

Employer: Work Phone

Email address Is this person a CONVICTED CHILD SEX OFFENDER? Yes No

Do you have sole custody: Yes (If yes, please supply our office with documentation) No **Joint Custody?**

| | | |
|----------------------------------|--|--------------------|
| Step Mother's Last Name | First Name | Lives with Student |
| Address | Employer | |
| Home Phone | Cell Phone | Work Phone |
| Email | Is this person a CONVICTED CHILD SEX OFFENDER? | Yes No |
| Step Father's Last Name | First Name | Lives with Student |
| Address | Employer | |
| Home Phone | Cell Phone | Work Phone |
| Email | Is this person a CONVICTED CHILD SEX OFFENDER? | Yes No |
| Other Legal Guardian's Last Name | First Name | Lives with Student |
| Address | Employer | |
| Home Phone | Cell Phone | Work Phone |
| Email | Is this person a CONVICTED CHILD SEX OFFENDER? | Yes No |

Please list in order, who should be called if we need to contact you about your child during the day for illness, etc... (List yourself in the order you want to be notified, if you so desire)

Emergency Information:

| | | | | |
|-----------------|--|------------|----|--|
| 1. Name | Relationship | Home Phone | | |
| Alternate Phone | Is this person a CONVICTED CHILD SEX OFFENDER? | Yes | No | |
| 2. Name | Relationship | Home Phone | | |
| Alternate Phone | Is this person a CONVICTED CHILD SEX OFFENDER? | Yes | No | |
| 3. Name | Relationship | Home Phone | | |
| Alternate Phone | Is this person a CONVICTED CHILD SEX OFFENDER? | Yes | No | |
| 4. Name | Relationship | Home Phone | | |
| Alternate Phone | Is this person a CONVICTED CHILD SEX OFFENDER? | Yes | No | |

Physician Office Phone

Daycare Provider Phone

List Name (s) of other children in your household:

| | | | | |
|------|--------------|-----------|------|--------|
| Name | Relationship | Year Born | Male | Female |
| Name | Relationship | Year Born | Male | Female |
| Name | Relationship | Year Born | Male | Female |
| Name | Relationship | Year Born | Male | Female |

Please Sign:

This form can only be signed by a parent or guardian