



STUDENT REGISTRATION FORM

Does the student have a 504 Plan? Yes No If yes, please describe services: _____

Has the student ever had an IEP? Yes No If yes, list year of the most recent evaluation: _____

Do you have a copy of the IEP? Yes No If yes, please indicate program/disability: _____

****BE SURE TO SUBMIT COPIES OF ALL APPLICABLE IEPs, 504 Plans, etc****

STUDENT LIVES WITH (check all that apply):

Mother Father Step-Parent Guardian/Foster Parent(s) Grandparent (w/Grandparent affidavit)

Other (please explain): _____

LEGAL CUSTODY (check all that apply):

Mother Father Foster Parent Guardian Dept. of Child and Family Services

Other (please explain): _____

COURT JOURNAL ENTRY DATE: _____ / _____ / _____

COUNTY: _____ School District Bearing Cost of Education: _____

PARENT(S) / GUARDIAN INFORMATION (Please skip sections that do not apply)

Mother Residential Non-Residential

If non-residential, can they receive copies of student progress/report cards? Yes No

Single Married Divorced Separated Remarried Deceased

NAME: _____

Last Name

First Name

Maiden Name

HOME ADDRESS: _____

Number

Street

City

State

Zip Code

WORKPLACE: _____ **Preferred Email:** _____

HOME PHONE: _____ **WORK PHONE:** _____ **MOBILE:** _____

Father Residential Non-Residential

If non-residential, can they receive copies of student progress/report cards? Yes No

Single Married Divorced Separated Remarried Deceased

NAME: _____

Last Name

First Name

HOME ADDRESS: _____

Number

Street

City

State

Zip Code

WORKPLACE: _____ **Preferred Email:** _____

HOME PHONE: _____ **WORK PHONE:** _____ **MOBILE:** _____



STUDENT REGISTRATION FORM

PLEASE LIST ALL OTHER CHILDREN WHO LIVE AT THE HOME ADDRESS:

| NAME | GRADE | DATE OF BIRTH | GENDER | RELATIONSHIP TO STUDENT |
|------|-------|---------------|--------|-------------------------|
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I (We) hereby certify, under penalty of perjury, that all of the information that I (we) have provided is true and correct to the best of my (our) knowledge.

PARENT/GUARDIAN: _____ **DATE:** _____
SIGNATURE

PARENT/GUARDIAN: _____ **DATE:** _____
SIGNATURE

FOR OFFICE USE ONLY:

VERIFIED BY: _____ DATE: _____

ADMISSION DATE: _____ START DATE: _____ SSID _____

NEW? RE-ENROLLED? TRANSFERRED FROM OTHER ICS SCHOOL? CCPS NEOCPS UPREP

Items turned in?
 Birth certificate Custody Papers Medical Information Proofs of Residence School Records Lunch Application