

**CRESCENT SCHOOL DISTRICT  
STUDENT REGISTRATION FORM**

Date: \_\_\_\_\_

**Student Current Year Grade Level** \_\_\_\_\_

**STUDENT INFORMATION**

\_\_\_\_\_ Date of birth \_\_\_\_\_  
 Student's Legal last name                      First name                      Full Middle name

\_\_\_\_\_ Mailing address (if different)  
 Physical address

\_\_\_\_\_ Primary Phone Number  
 City                      State                      Zip

Birth country USA \_\_\_\_\_ Other \_\_\_\_\_

Student gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Gender not exclusively male or female \_\_\_\_\_

Is a language other than English spoken at home? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes which \_\_\_\_\_

Does your child speak a language other than English at home? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes which \_\_\_\_\_

Is parent in active military? Yes \_\_\_\_\_/What branch? \_\_\_\_\_ No \_\_\_\_\_

Is parent in reserves? Yes \_\_\_\_\_/What branch? \_\_\_\_\_ No \_\_\_\_\_

**PRIMARY HOUSEHOLD INFORMATION - Student lives with:**

Both parents \_\_\_\_\_ Mother only \_\_\_\_\_ Father only \_\_\_\_\_  
 Mother/step parent \_\_\_\_\_ Father/step parent \_\_\_\_\_ Guardian \_\_\_\_\_ Self \_\_\_\_\_

Name(s) of Parent/Guardian with whom student is living with:

Last Name	First Name	Work Place/City	Work phone	Cell phone
Last Name	First Name	Work Place/City	Work phone	Cell phone
E-mail address				

**SECONDARY HOUSEHOLD INFORMATION (Parent who lives in a different household)**

Last Name	First Name	Relationship to student	Work Place/City	Work phone	Cell phone
Last Name	First Name	Relationship to student	Work Place/City	Work phone	Cell phone
Should school mailings be sent to this household also? Yes _____ No _____			Home phone		
Parent/Guardian Mailing Address			City	Zip	email address

**EMERGENCY INFORMATION** List two local persons (other than yourself) usually available during the school day who have agreed to care for and provide transportation for your student if he/she becomes ill or injured and you cannot be reached. We attempt to contact parents first.

Name	Relationship to student	Address	Daytime phone
Name	Relationship to student	Address	Daytime phone

**HEALTH INFORMATION**

MEDICAL ALERT: \_\_\_\_\_  
(allergies, diabetes, asthma, etc.)

**EDUCATION AND PREVIOUS SCHOOL INFORMATION**

\_\_\_ YES      \_\_\_ NO      Student was assessed for special education services at \_\_\_\_\_ School

\_\_\_ YES      \_\_\_ NO      Student was served by an Individual Education Program (IEP) in the special education program at \_\_\_\_\_ School.

\_\_\_ YES      \_\_\_ NO      Student received accommodations from a 504 plan at \_\_\_\_\_ School.

\_\_\_ YES      \_\_\_ NO      Student left the previous school under disciplinary action, pending disciplinary action or in anticipation of disciplinary action.

\_\_\_ YES      \_\_\_ NO      Student has a history of violent behavior

If YES on any of the above explain in writing: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ YES      \_\_\_ NO      Student has unpaid fines or fees at previous school

If YES, please explain \_\_\_\_\_

\_\_\_ YES      \_\_\_ NO      Student has completed official checkout at previous school.

Name of previous school \_\_\_\_\_

Checkout date \_\_\_\_\_

Has student previously attended Crescent School? If yes, when? \_\_\_\_\_

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