

## LRSD PUPIL INFORMATION

Student FIRST Name	MIDDLE Name	LAST Name	Student Social Security Number
Street Address and Apartment Number		Gender (M/F)	Grade Level for Enrollment
Date of Birth			
City		Zip Code	Place of Birth (City, State, and County)
Home Telephone	Parent /Guardian Cell Telephone	Who has LEGAL custody of this child?	

Has this child been expelled from school in any other school district or is he/she a party to an expulsion proceeding?  YES  NO

Has your child ever registered to attend LRSD?  NO  YES, please list school \_\_\_\_\_

I give my permission to release directory information as defined on the back of this page.  YES  NO

SHOULD STUDENT INFORMATION BE RESTRICTED FROM ARMED SERVICES?  YES  NO

SHOULD STUDENT INFORMATION BE RESTRICTED FROM ALL OTHER SOURCES?  YES  NO

Parent e-mail address \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

### STUDENT INFORMATION

<b>RACE of Student (✓ one box below) *see note on back of form</b> <input type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> Native American or Alaskan Eskimo <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other _____	<b>Student Lives With (✓ one box below)</b> <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____	<b>Transportation Info (✓ one box below)</b> <input type="checkbox"/> Rides school bus <input type="checkbox"/> Drives self <input type="checkbox"/> Parent/Guardian responsible (car rider, day care van, walker)
<b>Parent/Guardian (Student Lives With)</b> Relationship _____ Work Telephone _____ First Name _____ Last Name _____		

Street Address _____ City _____ Zip Code _____ Employer _____ Occupation _____ <b>Other Parent/Guardian</b> Relationship _____ Cell Telephone _____ Work Telephone _____ First Name _____ Last Name _____ Home Telephone _____ Street Address _____ City _____ Zip Code _____ Employer _____ Occupation _____	<b>List all brothers and sisters who live in this home (age 3-18 years old)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Last Name, First Name</th> <th style="width: 15%;">School</th> <th style="width: 15%;">Date of Birth</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Last Name, First Name	School	Date of Birth																								
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<b>Where did this student receive their early childhood education?</b>
<input type="checkbox"/> LRSD P-3 <input type="checkbox"/> HIPPY <input type="checkbox"/> Private Pre-School <input type="checkbox"/> ABC Program <input type="checkbox"/> None of these <input type="checkbox"/> LRSD P-4 <input type="checkbox"/> Day Care <input type="checkbox"/> Head Start <input type="checkbox"/> Tri-District or Other Special Ed Name of Early Childhood Program/School: _____

<b>Student Questionnaire</b>
Is this student married? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO Is this student a foster child? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO Is this student an orphan? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO Is this student's family migrant/seasonal workers? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>Last School Attended</b>
School _____ Grade _____ Exit Date _____ Address _____ City & State _____

<b>Authorized Contacts in Case of Emergency/Pick-Up</b>					
Relationship	Cell Telephone	Work Telephone	Relationship	Cell Telephone	Work Telephone
Name	Home Telephone	Name	Home Telephone		

I certify the information above is true and correct. Signature _____ Date _____	I hereby give consent for emergency medical treatment. Signature _____ Date _____
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<b>OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE</b>					
Grade	Forms Submitted	Processor	Notes:		
Race	POA	OERF	HLS	DBF	Assigned School
Zone Block	AAS				
Zone School	WL				