

LRSD PUPIL INFORMATION

Student LAST Name	FIRST Name	MIDDLE 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)	
Home Telephone	Parent / Guardian Cell Telephone	Who has LEGAL custody of this child?	
Has this child been expelled from 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 _____			
Should student information be restricted from publication? ___ YES ___ NO			
Parent e-mail address: _____ @ _____			

STUDENT INFORMATION

RACE of Student (☑ one box below)		Student Lives With:		Transportation Info:	
<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 _____		(☑ one box below) <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 _____		(☑ one box below) <input type="checkbox"/> Rides school bus <input type="checkbox"/> Drives self <input type="checkbox"/> Parent/ Guardian responsibility (car rider, day care van, walker)	
Parent/Guardian (Student Lives With)					
Relationship		Work Telephone			
First Name		Last Name			
Street Address		City		Zip Code	
Employer		Occupation			
Other Parent/Guardian					
Relationship		Cell Telephone		Work Telephone	
First Name		Last Name		Home Telephone	
Street Address		City		Zip Code	
Employer		Occupation			
Student Questionnaire					
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 a twin, triplet? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Is this student a military dependent? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Where did this student receive his/her early childhood education?					
<input type="checkbox"/> LRSD P-K <input type="checkbox"/> Other Public School Pre-K <input type="checkbox"/> Private Pre School <input type="checkbox"/> ABC Program <input type="checkbox"/> 21st CCLC <input type="checkbox"/> Special Educ. Services <input type="checkbox"/> Head Start <input type="checkbox"/> Day Care <input type="checkbox"/> None of these					
Name of Early Childhood Program: _____					
Last School Attended					
School			Grade		Exit Date
Address			City & State		

Authorized Contacts in Case of Emergency/Pick-Up

Name	Telephone	Name	Telephone
Name	Telephone	Name	Telephone

I certify that the information above is true and correct.	I hereby give consent for emergency medical treatment.
Signature _____ Date _____	Signature _____ Date _____

OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Grade	Forms Submitted /Received By	OERF	POA	Notes:
Race		AAS	WL	
Zone Block		DBF	HLS	
Zone School				
Assigned School				