

ISLAND CITY ACADEMY ~ Registration Form

Student Information

| | | | |
|--------------------------------|--|-------------------|--|
| Student (Last, First, Middle): | | Date of Birth: | |
| Preferred Name: (Nickname) | | Gender: | |
| Home Phone: | | Grade: | |
| District of Residence: | | Country of Birth: | |
| Student's Address: | | | |
| City, State, Zip Code: | | | |
| Language Spoken in Home: | | | |
| Student Resides with: | | | |

Race and Ethnicity: (Note: Both parts A and B **MUST** be completed. We encourage you to select an answer for **both** parts. If either part (A or B) is not answered, the U.S. Department of Education requires the school to supply an answer on your behalf.)

Part A: Is this student Hispanic/Latin? (Choose only one)

- No, not Hispanic/Latino
 Yes, Hispanic/Latino

Part B: What is the student's race? (Choose one or more)

- American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

The above part of the question is about ethnicity, not race. No matter which box you selected above, please continue to answer Part B by marking one or more boxes to indicate what you consider your student's race to be.

Parent/Guardian Information

The individuals filled out in the areas below may be contacted when the automated alert system is activated for school messages

| | Guardian 1 | Guardian 2 |
|-----------------------------|------------|------------|
| Name: | | |
| Relationship to Student: | | |
| Home Address: | | |
| City, State Zip: | | |
| Home Phone: | | |
| Cell Phone: | | |
| Occupation: | | |
| Employer: | | |
| Work Number: | | |
| E-Mail Address: | | |
| Highest Level of Education: | | |
| Marital Status: | | |
| | Guardian 3 | Guardian 4 |
| Name: | | |
| Relationship to Student: | | |
| Home Address: | | |
| City, State, Zip: | | |
| Home Phone: | | |
| Cell Phone: | | |
| Work Phone: | | |

Name of last school attended, including preschool: _____
 Has your child been suspended or expelled from school?: _____ If yes, violation?: _____

Additional Emergency Information (Other than the Parents/Guardians on the previous page)

| | | | |
|-----------------|----------------------------|----------------------------|----------------------------|
| Medical Alerts: | | | |
| | Emergency Contact 1 | Emergency Contact 2 | Emergency Contact 3 |
| Name: | | | |
| Relationship: | | | |
| Phone Number: | | | |
| Phone Type: | | | |

Siblings (other children from oldest to youngest)

| Name: (Last, First) | DOB | School Attending | Name: (Last, First) | DOB | School Attending |
|---------------------|-----|------------------|---------------------|-----|------------------|
| | | | | | |
| | | | | | |
| | | | | | |

| | |
|---|--|
| <p>Is your student currently receiving Special Education Services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide a current IEP or 504 when turning in your registration form for us to make a copy for our records</p> | <p>If yes, what services are currently being provided:</p> <p><input type="checkbox"/> Resource room</p> <p><input type="checkbox"/> Learning Disabled Classroom</p> <p><input type="checkbox"/> Speech & Language</p> <p><input type="checkbox"/> Social Worker Services</p> <p><input type="checkbox"/> Other-please explain _____</p> |
|---|--|

Do you currently find yourself in any of the situations below?:

- Children and immediate family have moved in with other relatives or friends (without a temporary arrangement as such they would be without a home or shelter.)
- Foster Children, anyone living in transitional housing through a shelter, or in a temporary residence facility for individuals or families (youth runaway, family or abuse shelters, other shelter facilities.)
- Living in a welfare sponsored room or rooms in a hotel/motel
- Living in a makeshift shelter such as cars, tents, abandoned buildings, etc., or living on the street
- Living doubled

Does your child have a medical condition that would affect his/her ability to participate in certain activities? If so, please explain: _____

Does your child have any allergies that we need to be aware of? _____

Does your child need to take medication on a daily basis at school? Yes No

If yes, please list name of medication: _____ (also request Medical Authorization forms from the school office so that we can administer your child's medication properly)

Does your child attend Day Care after school? Yes No

If yes, name of Day Care: _____ Phone #: _____

Address: _____

Will you be using EATRAN as transportation for your child? AM PM No

Do you reside at the VFW National Home? Yes No

If yes, please provide Case Workers' name and telephone number: _____

Is there a court order in effect concerning your child that we need to be aware of? Yes No

If yes, please provide a copy upon enrolling.

I affirm as the parent/legal guardian that all information provided above is true and correct.

Signature _____ Printed Name _____ Date _____

| | | |
|-------------------------------------|--------------------|-------------------|
| OFFICE USE ONLY | | |
| Student # _____ | Entry date _____ | Entry grade _____ |
| Birth Cert. YES NO | Imm. Record YES NO | Homeroom: _____ |
| Student records Req _____ Rec _____ | | IEPC or 504 |