



Student Registration Form

Campbell County School District does not discriminate on the basis of race, creed, color, religion, nationality, sex, handicapping condition or age in relation to admissions, treatment of students and terms and conditions of enrollment.

ID# _____	Area _____	Bus _____
Date Enrolled _____	Date Started _____	
Grade Entered _____	AACR _____	Cluster _____
Homeroom _____	Teacher _____	
<input type="checkbox"/> Lunch	<input type="checkbox"/> Internet	<input type="checkbox"/> Medical
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Immunization	

Has this student ever attended CCSD before? Yes or No

If yes, when and where _____

Child's Legal Name (Last) _____ (First) _____ (Middle) _____

Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Gender _____ Birth date _____

Grade Entering _____

Ethnicity: Is the student Hispanic or Latino? Yes No

What is the student's race? (Circle One) White Black Asian American Indian or Alaska Native Native Hawaiian / Other Pac Islander

Birthplace City _____ State _____ If born outside of USA where _____ Entered USA Date _____

If parents are divorced/separated who has custody of the student? _____

1st Guardian Name _____ Employer _____

Employer Phone _____ Cell Phone _____ Home Phone _____

Email Address _____ Send Emails of Grades Attendance Lunch Balances

2nd Guardian Name _____ Employer _____

Employer Phone _____ Cell Phone _____ Home Phone _____

Email Address _____ Send Emails of Grades Attendance Lunch Balances

If Applicable Name/Address of Secondary Household

Name _____ Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Relationship to Student _____

Employer _____ Employer Phone _____ Send Correspondence Yes No

Names and Birthdates of children living with student: _____

Emergency Contact Information (Please list other than Guardian 1 and Guardian 2)

Contact #1 Name _____ Phone _____ Relationship _____

Contact #2 Name _____ Phone _____ Relationship _____

Contact #3 Name _____ Phone _____ Relationship _____

Doctor _____ Phone _____ Dentist _____ Phone _____

Has this student ever repeated or been asked to repeat a grade? Yes or No Grade Repeated _____

Does the student receive any of the following services: IEP 504 Plan Title1 Gifted/Talented ESL

Do you have a certificate of eligibility for the Federal Migrant Program? Yes or No

First language spoken by student? _____ Languages spoken at home? _____

Language needed for correspondence between school and home? _____

Current language(s) spoken and understood by the student? _____

Is the student in Foster Care? Yes or No (Only circle Yes if the State retains legal custody of the student)

Is the student a Military Connected Student? (Circle N or A or G)

N - Not a Military Connected Student

A - Active Duty- Student is a dependent of a member of the Army, Navy, Air Force, Marine Corps, or Coast Guard on Active Duty

G - National Guard- Student is a dependent of a member of the National Guard (full-time)

Parent Signature

Date