

OCEANPORT SCHOOL DISTRICT Registration Form

Student's Name: _____
 Last First Middle Nickname

Address: _____ Primary Telephone: _____

Birth Date: _____ Place of Birth: _____ Gender: _____

Siblings:

| <u>Name</u> | <u>Age</u> | <u>School</u> | <u>Grade</u> | <u>Gender</u> |
|-------------|------------|---------------|--------------|---------------|
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Mother/Guardian: _____ Living: Yes _____ No _____

Circle One: Natural, Step, Foster, Other _____ Living in the home: Yes _____ No _____

Address if different than student: _____

Cell Phone: _____ Email: _____

Business Phone: _____ Business Address: _____ Occupation: _____

Father/Guardian: _____ Living: Yes _____ No _____

Circle One: Natural, Step, Foster, Other _____ Living in the home: Yes _____ No _____

Address if different than student: _____

Cell Phone: _____ Email: _____

Business Phone: _____ Business Address: _____ Occupation: _____

If one of the two natural parents of the child does not have custody, please include the following:

Name of non-custodial parent: _____

Address: _____ Phone: _____

Name/Address of previous school: _____

Indicate any special programs or services received: G&T _____ Basic Skills _____

Special Ed _____ Speech/OT _____

Language spoken at home if other than English: _____

Ethnicity: White Black Asian Hispanic American Indian/Alaskan Native
 Native Hawaiian/Pacific Island Multi (Please specify) _____

Race: Hispanic or Latino American Indian/Alaskan Native Asian Black
 Pacific Islander/Hawaiian White

Military Connected Indicator (Check one):

Not Military Connected Active Duty

Enrollment under McKinney Vento yes no

Date of Entry: _____