

DENVER TOWNSHIP SCHOOLS
Student Registration- Non-Resident Students

PLEASE FILL OUT ALL THREE PAGES OF THIS FORM COMPLETELY

STUDENT INFORMATION:

School: _____

Date Entered: _____

Name _____
Last First Middle Name M ()
F () Generation Code _____
(Jr., Sr.)

Address _____ Phone _____

Date of Birth: _____ Place of Birth: _____
(Month, Day, Year) (City, State, Country)

(Birth Certificate Is Required)

Ethnicity/Race: (You MUST select at least one, however, you may select more than one.)

White/Caucasian	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Black/African American	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hispanic/Latino	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asian	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pacific Islander/Native Hawaiian	<input type="checkbox"/> Yes	<input type="checkbox"/> No
American Indian/Alaskan Native	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Language, other than English, spoken in the home by parent or child _____

If another language is spoken in the home, country of origin _____

For foreign born students- what was the entry date into a school in the USA? _____

Child has Individual Education Plan (IEP) or 504 Plan: No Yes, please provide copy

FAMILY INFORMATION:

Father's/Guardian's Full Name: _____

Address (if different): _____

Home Telephone (if different): _____

Employer: _____

Work Telephone: _____

Cell Telephone: _____

Email: _____

Mother's/Guardian's Full Name:	
Address (if different):	
<input type="checkbox"/> check if address is different and should receive correspondence concerning child	
Home Telephone (if different):	
Employer:	Work Telephone:
Cell Telephone	Email:

Grade Last Attended _____ Dates of attendance _____ Promoted to Grade _____

EMERGENCY CONTACT: Please check with persons named to be certain that they are willing to assume this responsibility and notify the school if you make any changes. **Emergency numbers must be local numbers.**

Name:	Telephone:
Name:	Telephone:

Does your child have any physical handicap that would prevent his/her participation in physical education or after-school sports?

Optional Information - Please include any additional information that you feel may help us to provide better service for your child.

State any family circumstances (divorce, separation etc.) and/or custodial arrangements that the school should know. **A COPY OF THE LEGAL DOCUMENTS WHICH ESTABLISHED THESE ARRANGEMENTS MUST BE PROVIDED TO THE SCHOOL.**

A child cannot be admitted to school until PROOF OF IMMUNIZATIONS and the Child's HEALTH RECORD is received by the School Nurse.

Please fill out the Childhood Information Sheet and an Authorization for Release of Records (if applicable) to include with these documents.

I certify that the information I have given is true and correct.

Signature of Father/Mother/Guardian

Date

For office use only:

Date of Entrance: _____ Grade: _____ Student ID # _____

Application Complete- yes/no
Interview Date _____ Result _____
Entrance Test Scores Math: _____
Science: _____

Immunizations: complete- yes/no
Birth certificate: provided- yes/no