

Student Registration Form

For School Use Only

Troy School District

Please Print All Information On Both Sides of this Form

Student Number	
Year of Grad	Entry Date

Troy School	Has Student ever attended a Troy School District school? <input type="radio"/> No <input type="radio"/> Yes Last Year Attended	Has student ever been expelled from another school district? <input type="radio"/> No <input type="radio"/> Yes
Student First (Legal) Name	Middle Name	Last Name (Include Jr., II, III, etc.)
Gender <input type="radio"/> Male <input type="radio"/> Female	Birthdate (Mo/Day/Year)	City of Birth
State/Country of Birth		Grade
Ethnicity (choose all that apply) <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino? <input type="checkbox"/> White (including Middle Eastern) <input type="checkbox"/> Asian (including China, India) <input type="checkbox"/> Native Hawaiian or Pacific Islander	Troy School District Resident <input type="radio"/> Yes <input type="radio"/> No District of Residence County of Residence	

Physical Address				Mailing Address (if different than physical address)			
Apt Number	Lot (House No.)	Street		Apt. Number	Lot (House No.)	Street	
City		Zip		PO Box	City		State Zip
Home/Primary Phone Number			<input type="radio"/> Listed <input type="radio"/> Unlisted				

Parent/Guardian 1 (with whom the student resides)

First Name	Last Name	Relationship to Student	
Email Address	Work Phone	Extension	Cell Phone

Parent/Guardian 2 (other parent in the household or custodial parent living at another address)

First Name	Last Name	Relationship to Student	
Email Address	Work Phone	Extension	Cell Phone
Same Address as Student? <input type="radio"/> No <input type="radio"/> Yes <small>If No, enter address to right</small>	Apt. Number	Lot (House No.)	Street
City		State	Zip

Non-Custodial Guardian

First Name	Last Name	Relationship to Student	
Email Address	Work Phone	Extension	Cell Phone
Same Address as Student? <input type="radio"/> No <input type="radio"/> Yes <small>If No, enter address to right</small>	Apt. Number	Lot (House No.)	Street
City		State	Zip

Previous School

Name of Last School Attended	City	State	Country
Incoming Kindergartner: Preschool Attended <input type="radio"/> None <input type="radio"/> Troy School District Preschool <input type="radio"/> Other PreSchool	Preschool Name, City, State		

Student First Name	Middle Name	Last Name
Troy School	Grade	Entry Date

U.S. Citizen <input type="radio"/> Yes <input type="radio"/> No	Has student attended another school district in the U.S.? <input type="radio"/> Yes <input type="radio"/> No	Parent Country of Origin
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Is your child's native language a language other than English? <input type="radio"/> Yes <input type="radio"/> No	If Yes, what is the language?
Is the primary language used in your home a language other than English? <input type="radio"/> Yes <input type="radio"/> No	If Yes, what is the language?

If you have answered YES to either of the above two questions, your child will be assessed to determine his/her eligibility to receive English as a Second Language (ESL) services.

What date did child enter the United States (Month/Day/Year)	Does your family need translation services for school information? <input type="radio"/> Yes <input type="radio"/> No
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Has your child received any special education services? <input type="radio"/> Yes <input type="radio"/> No	If Yes, please specify
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Emergency Infomation (Choose all that apply)

<input type="checkbox"/> Nothing Known	<input type="checkbox"/> Diabetic	<input type="checkbox"/> Multiple Critical Allergies	<input type="checkbox"/> Insect/Bee Sting
<input type="checkbox"/> Medical Waiver	<input type="checkbox"/> Aspirin Allergy	<input type="checkbox"/> Special Blood Condition	<input type="checkbox"/> Contact Lenses
<input type="checkbox"/> Rheumatic	<input type="checkbox"/> Penicillin Allergy	<input type="checkbox"/> Sulfa Allergy	<input type="checkbox"/> Food Allergy
<input type="checkbox"/> Cardiac	<input type="checkbox"/> Iodine Allergy	<input type="checkbox"/> Undefined	Type
<input type="checkbox"/> Hemophiliac	<input type="checkbox"/> Multiple Critical Allergies	<input type="checkbox"/> Asthma	
Special Instructions			

Information for Student Records

Brothers/Sisters	Birth Date	School

Student is residing with (Please select one) <input type="radio"/> Both parents <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Mother & Stepfather (his last name) <input type="radio"/> Father & Stepmother <input type="radio"/> Other (Explain)

I attest that the information provided is accurate and complete to the best of my knowledge and that I am responsible for all fees and tuition due in the event that the registrant is removed from school under this clause. Knowingly falsifying registration information is grounds for removal from the Troy School District.

Parent/Guardian Signature _____ Date _____

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Student No. _____

Start Date _____

Open Enrolled
 Yes No

Year of Grad _____

Counselor _____

Homeroom _____

Teacher _____

Curriculum _____

House/Team _____

Census _____

Precinct _____

Next Bldg. _____

Next Grade _____

Sub Next Bldg _____

Pre Reg Yes No

FTE _____

Entry Code _____

Birth Verification

Birth Certificate

Affidavit

Passport

Other _____

Pending

Residency

Closing Statement

Lease

Tax Statement

Affidavit

2 additional proofs

Immunization Record

Release of Records

Emergency Card(s)

Locker

Media

Internet Contract

ESL Student -
Copy of registration
Form to ESL teacher