

**Denison Community School New Student Registration Form**

Date\_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
First Middle Last

Birthdate \_\_\_\_\_ Birthplace (City, State/Country) \_\_\_\_\_

Gender \_\_\_\_\_ Female \_\_\_\_\_ Male Is the student Hispanic or Latino? \_\_\_\_\_ Yes \_\_\_\_\_ No

What is the student's race? \_\_\_\_\_ White \_\_\_\_\_ Black/African American \_\_\_\_\_ Asian American  
\_\_\_\_\_ Indian/Alaska Native \_\_\_\_\_ Native Hawaiian/Pacific Islander

How many years has your child lived in the United States? \_\_\_\_\_

Has your child attended Denison Community Schools before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what year(s) did they attend? \_\_\_\_\_

**Family Data**

Address \_\_\_\_\_  
Street City Zip

Mailing Address \_\_\_\_\_  
Street or P.O. Box City Zip

Primary Phone \_\_\_\_\_ Parent Email Address \_\_\_\_\_

What is your primary language? \_\_\_\_\_ English \_\_\_\_\_ Spanish Other \_\_\_\_\_

What language would you prefer your school communication in? \_\_\_\_\_ English \_\_\_\_\_ Spanish

Who does the student live with? \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Employer Phone \_\_\_\_\_ Employer Phone \_\_\_\_\_

**Brothers and sisters who live in the home**

Name (first last)	Sex (M or F)	Grade	Birthdate	Birthplace

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Do you have any special considerations that we need to be made aware of in relation to your family that may impact the school environment? (example: parental rights, step parents, guardianship rights, foster care, etc.) *Please remember to supply the school with a copy of any court documents concerning these issues.*

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**Emergency Contacts**

1. Name \_\_\_\_\_ Primary Language \_\_\_\_\_

\_\_\_\_ Father \_\_\_\_ Mother \_\_\_\_ Grandmother \_\_\_\_ Grandfather \_\_\_\_ Aunt \_\_\_\_ Uncle  
\_\_\_\_ Sister \_\_\_\_ Brother \_\_\_\_ Friend \_\_\_\_ Neighbor \_\_\_\_ other

Daytime phone \_\_\_\_\_ Phone Type \_\_\_\_ Cell \_\_\_\_ Home \_\_\_\_ Work

2. Name \_\_\_\_\_ Primary Language \_\_\_\_\_

\_\_\_\_ Father \_\_\_\_ Mother \_\_\_\_ Grandmother \_\_\_\_ Grandfather \_\_\_\_ Aunt \_\_\_\_ Uncle  
\_\_\_\_ Sister \_\_\_\_ Brother \_\_\_\_ Friend \_\_\_\_ Neighbor \_\_\_\_ other

Daytime phone \_\_\_\_\_ Phone Type \_\_\_\_ Cell \_\_\_\_ Home \_\_\_\_ Work

3. Name \_\_\_\_\_ Primary Language \_\_\_\_\_

\_\_\_\_ Father \_\_\_\_ Mother \_\_\_\_ Grandmother \_\_\_\_ Grandfather \_\_\_\_ Aunt \_\_\_\_ Uncle  
\_\_\_\_ Sister \_\_\_\_ Brother \_\_\_\_ Friend \_\_\_\_ Neighbor \_\_\_\_ other

Daytime phone \_\_\_\_\_ Phone Type \_\_\_\_ Cell \_\_\_\_ Home \_\_\_\_ Work

**Medical Information**

Student's doctor \_\_\_\_\_ Doctor's phone \_\_\_\_\_

Student's dentist \_\_\_\_\_ Dentist's phone \_\_\_\_\_

Is your child currently being treated for a health condition? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain \_\_\_\_\_

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Has your child been out of the United States for 30 days or more in the past year? \_\_\_\_ Yes \_\_\_\_ No

**School Data**

Does your child have an IEP or 504 plan? \_\_\_\_ IEP \_\_\_\_ 504

Did your child attend preschool? \_\_\_\_ Yes \_\_\_\_ No If yes, where? \_\_\_\_\_

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What was the last school your child attended? *Please list the name of the school, address and phone number*

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Do you have any concerns regarding your child's education? \_\_\_\_\_

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A homeless child is defined as a child or youth between the ages of 3 and 21 who lacks a fixed, regular and adequate nighttime residence. Please complete this section if one of these describes your current living situation.

- Temporarily housed in a shelter.
- Temporarily living with relatives or others due to disaster, lack of housing, lack of employment, or other similar situations.
- Living in a car, campground, public places, or similar situation.
- Living in a motel/hotel.
- Other (please describe) \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_