



# The Catamount School STUDENT REGISTRATION

**OFFICE USE ONLY**

GRADE \_\_\_\_\_ ENTRY DATE \_\_\_\_\_  
ENROLLMENT CODE \_\_\_\_\_  
STUDENT # \_\_\_\_\_

**STUDENT INFORMATION**

Student's legal name \_\_\_\_\_  
Last First Middle  
Gender \_\_\_\_\_ (M/F) Birth date \_\_\_\_\_ Age \_\_\_\_\_  
Home/Cell Phone # \_\_\_\_\_ Unlisted: \_\_\_\_\_ (Y/N)  
Ethnicity: Hispanic/Latino \_\_\_\_\_ Yes \_\_\_\_\_ No  
Please choose all that apply from the following list of races (**must choose at least one race**):  
\_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_ Hawaiian/Pacific Islander  
Social Security number \_\_\_\_\_ Current Grade Level \_\_\_\_\_

**PHYSICAL/911 ADDRESS**

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Does student reside on federal property? \_\_\_\_\_ Does student reside on reservation? \_\_\_\_\_  
Is student a first or second descendent of an enrolled tribal member? \_\_\_\_\_

**MAILING ADDRESS**

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PREVIOUS SCHOOL/DISTRICT**

District \_\_\_\_\_ School name \_\_\_\_\_  
School address \_\_\_\_\_

**PARENT/GUARDIAN**

|  |                          |                    |
|--|--------------------------|--------------------|
| Custody _____  | Student lives with _____ | Court access _____ |
|  | (Mother/Guardian)        | (Father/Guardian)  |
| Relationship _____   | _____                    | _____              |
| Name _____   | _____                    | _____              |
| Address _____  | _____                    | _____              |
| Work/Employer _____  | _____                    | _____              |
| Occupation _____   | _____                    | _____              |
| Migrant worker _____   | _____ yes _____ no       | _____ yes _____ no |
| Home phone # _____   | _____                    | _____              |
| Cellular phone # _____   | _____                    | _____              |
| Work phone # _____   | _____                    | _____              |
| Available at work _____  | _____ yes _____ no       | _____ yes _____ no |
| E-Mail address _____   | _____                    | _____              |
| Additional information _____   | _____                    | _____              |
| Is either parent/guardian on active full-time duty as a member of the uniformed services or accredited foreign military? _____ |                          |                    |

**EMERGENCY CONTACTS**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home phone # \_\_\_\_\_ Unlisted: \_\_\_\_ (Y/N) \_\_\_\_\_ Unlisted: \_\_\_\_ (Y/N)

Work/Employer \_\_\_\_\_

Work phone # \_\_\_\_\_

**MISCELLANEOUS**

- First year student entered a US school \_\_\_\_\_
- Interpreter required: Y/N Materials needed in another language: Y/N
- Do you want phone contact by: College recruiters \_\_\_\_\_ Yes \_\_\_\_\_ No  
Military recruiters \_\_\_\_\_ Yes \_\_\_\_\_ No
- Military Information : Does your child have any member of their immediate family serving in the US Armed Forces? Yes  
No

If yes, \_\_\_\_\_

| Name  | Relationship | Branch of military service |
|-------|--------------|----------------------------|
| _____ | _____        | _____                      |
| _____ | _____        | _____                      |

- Is the student identified as a student with special needs and being served with a(n):  
 Individualized Education Program (IEP) Yes/ No \_\_\_\_\_ If yes, has a copy of the plan been provided?  Yes  No  
 Section 504 Plan Yes/ No \_\_\_\_\_ If yes, has a copy of the plan been provided?  Yes  No  
 Academically Gifted (AIG) Yes/ No \_\_\_\_\_ If yes, has a copy of the plan been provided?  Yes  No
- Has the child ever been retained? Y/N \_\_\_\_\_
- Has the student ever left any school due to a Suspension or Expulsion? Y/N If yes, explain: on another sheet of paper
- Will student ride the school bus? \_\_\_\_\_ Yes \_\_\_\_\_ No
- In case of school closure/emergency, my child will:  
 \_\_\_\_\_ ride bus \_\_\_\_\_ be picked up other \_\_\_\_\_

**DIRECTIONS TO HOME**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIBLINGS**

| Name  | Relationship | Age   | School | Grade |
|-------|--------------|-------|--------|-------|
| _____ | _____        | _____ | _____  | _____ |
| _____ | _____        | _____ | _____  | _____ |
| _____ | _____        | _____ | _____  | _____ |

**MY CHILD MAY LEAVE SCHOOL WITH THE FOLLOWING PEOPLE**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home phone # \_\_\_\_\_

Work phone # \_\_\_\_\_

\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_