



Princeton House Charter School

Student Registration Form (Forma de Registracion de Estudiantes)

For Office Use

Date Received _____

Student # _____

Student Information

Student SSN: _____ Grade: _____ Date Enrolled: _____
(Numero de Seguro Social) *(grado)* *(Fecha Inscripcion)*

Student Legal Name: _____, _____
(Nombre Legal) *Last (Apellido)* *First (Primer Nombre)* *Middle (Segundo Nombre)*

Home Phone: _____
(Tel. Hogar)

Home Address: _____
(Direccion) *Number (Numero)* *Street name (Calle)* *Type (Tipo)* *Apartment/Building/Other (apt/edif/otrp)*

City: _____ State: _____ ZIP: _____
(Ciudad) *(Estado)* *(Codigo Postal)*

Parent Information

Student Lives With: _____ Legal Guardian? _____

Mother's Name: _____ Mother's email: _____
(Madres Nombre)

Mother's Address: _____
(Madres Direccion)

Home Phone: _____ Cell Phone: _____
(Tel. Hogar)

Mother's Work: _____ Work Phone: _____
(Trabajo Nombre)

Work Address: _____
(Trabajo Direccion)

Father's Name: _____ Father's email: _____
(Padres Nombre)

Father's Address: _____
(Padres Direccion)

Home Phone: _____ Cell Phone: _____
(Tel. Hogar)

Father's Work: _____ Work Phone: _____
(Trabajo Nombre)

Work Address: _____
(Trabajo Direccion)

Student History

(Historial del Estudiante)

Birth Date: _____ Birthplace: _____
(Fecha de Nacimiento) *(Lugar de Nacimiento)*

Sex: _____ Race: _____ Parent/Gardian Home Language: _____
(sexo) *(Raza)* *(Idioma Principal del Hogar)*

Student's Native Language: _____ Country/State of Residence: _____
(Idioma Nativo del Estudiante) *(Reside indique Condado/Estado)*

Please answer the following questions:

(Responda a las sigulentes praguntas)

Is a language other than English used at home? Yes No If yes, what language? _____
(Se habla otro idioma que no ses ingles en el hogar?) *(Si)* *(No)* *(Si marca si, que idioma?)*

Did the student have a first Language other than English? Yes No If yes, what language? _____
(Tuvo el estudiante un idioma primario antes del ingles?) *(Si)* *(No)* *(Si marca si, que idioma?)*

Does the student most frequently speak a language other than English? Yes No If yes, what language? _____
(El estudiante hable otro idioma con mas frecuencia que al ingles?) *(Si)* *(No)* *(Si marca si, que idioma?)*

Has the student been identified as exceptional education? Yes No
(Ha sido identificado el estudiante para educacion excepcional?) *(Si)* *(No)*

Emergency Contact Information

(Infomacion Para Emergencia)

Last Name <i>(Apellido)</i>	First Name <i>(Primer Nombre)</i>	Contact Phone 1 <i>(Tel. 1)</i>	Contact Phone 2 <i>(Tel. 2)</i>	Relationship <i>(Perentesco)</i>	Custody? <i>(Custodie?)</i>	Pickup? <i>(Lo Recogeran?)</i>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Last School Attended Information*(Ultima Escuela a la uqe assistio infomacion)*

Current Grade: _____ School Name: _____
(Grado) (Nombre de Escuela)

School City: _____ County: _____ State: _____ ZIP: _____ Country: _____

School Type: Public School Home Education : Private School:
(Tipo) (Publica) (Educacion en el Hogar) (Privada)

Has your child been staffed into an Exceptional Education Program through the school district? Yes No

Name of the ESE Program(s) _____

What is your child's primary diagnosis? _____

Does your child have an IEP? Yes No

Student Medical Information*(Informacion Medica del Estudiante)*

Physician's name: _____ Phone: _____
(Nombre del Medico) (Tel.)

Describe Health Problems or Allergies:
(Descripcion de Problemas de Salud o Alergies) _____

Medications: _____

Signature Section

I give permission for the staff at Princeton House Charter School to seek medical attention in case of an accident or injury or illness. _____
 Parent/Legal Guardian Date

I give permission for my child to be photographed while at school for the purpose of:
 Instruction: Yes No Observation: Yes No
 Information/Advertisement: Yes No _____
 Parent/Legal Guardian Date

I give permission for my child to take field trips with Princeton House Charter School including class walks. _____
 Parent/Legal Guardian Date

I agree to volunteer 20 hours to Princeton House Charter School (or donate cash, service, or goods to the value of \$10 for every volunteer hour) during the school year. _____
 Parent/Legal Guardian Date

I agree to attend the monthly parent meetings throughout the school year. _____
 Parent/Legal Guardian Date

I understand that my child's classroom may be under video surveillance throughout the day. _____
 Parent/Legal Guardian Date

I agree to the terms set forth in the Parent Handbook _____
 Parent/Legal Guardian Date

Pickup Information

The following person(s) may pick up my child from school, other than the parent (identification is required)

Name: _____ <i>(Nombre)</i>	Phone: _____ <i>(Tel.)</i>	Relationship: _____ <i>(Parenfesco)</i>
Name: _____ <i>(Nombre)</i>	Phone: _____ <i>(Tel.)</i>	Relationship: _____ <i>(Parenfesco)</i>
Name: _____ <i>(Nombre)</i>	Phone: _____ <i>(Tel.)</i>	Relationship: _____ <i>(Parenfesco)</i>

Signature: _____
 Parent/Legal Guardian Date