

Freeman Elementary
Student Registration

Student Name _____ DOB _____

Gender _____ Social Security Number _____

Parent/Guardian Name(s) _____

Physical Address _____ PO Box _____

City _____ State _____ Zip _____

County of Residence _____

(If Applicable)

Second Parent Name _____

Physical Address _____ PO Box _____

City _____ State _____ Zip _____

Father:

Cell Phone _____ Work Phone _____

Place of Employment _____

Email _____

Mother:

Cell Phone _____ Work Phone _____

Place of Employment _____

Email _____

Baby-sitter _____ Phone _____

Is your student on an IEP (Individual Education Plan)? _____ Yes _____ No

Race and Ethnicity are required to enroll. Please complete the back of this document.

RACE AND ETHNICITY

Answer **BOTH** questions, please. These questions are in accordance with standards issued by the US Department of Education.

1. Is this student (or are you) Hispanic or Latino? (Choose only one.)

_____ No, not Hispanic or Latino.

_____ Yes, Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race).

2. What is the student's (or your) race? (Regardless of how you answered the first question, choose one or more.)

_____ American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment).

_____ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).

_____ Black or African American (A person having origins in any of the black racial groups of Africa).

_____ Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).

_____ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa).

HOME LANGUAGE SURVEY

Requirements of the No Child Left Behind Act direct schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students.

Your cooperation in helping us meet this requirement is requested. Please answer ALL of the following questions and sign and date the form below.

Name of Student: _____

Grade: _____ **Age:** _____ **Date of Birth:** _____

1. Which language did your son/daughter learn when he/she first began to talk? _____
2. What language does your son/daughter most frequently use at home? _____
3. What language do you use most frequently to speak to your son/daughter? _____
4. Name the language most often spoken by the adults at home? _____

Signature of Parent or Guardian:

Date: _____

Certain students must be given a language proficiency test. Your child may not be placed in a permanent classroom assignment until this testing has been completed.