

# GOBLES PUBLIC SCHOOL

## STUDENT ENROLLMENT PROCEDURES CHECKLIST

Any student enrolling in school must provide the following information prior to attending any class or classes:

<u>Documentation Needed to Register</u>	<u>Completed Forms</u>
<input type="checkbox"/> The child's original birth certificate <input type="checkbox"/> A copy of the child's immunization record <input type="checkbox"/> Proof of Residency (Two Pieces) <input type="checkbox"/> A copy of the child's most recent class schedule, report card and/or transcript. <input type="checkbox"/> A copy of the last I.E.P.C. is necessary for any enrolling student receiving special services <input type="checkbox"/> If the student is living with someone other than the natural parents, the legal guardian must complete and submit one of the following forms and provide background information which is relevant and necessary to make an appropriate educational placement: A. Placement by governmental agency-Form A B. Placement in home of relative-Form B C. Licensed private homes-Form C D. Emancipated minor - (legal process) <input type="checkbox"/> A single, separated, or divorced parent must provide a copy of specific orders decreed by a court of law.	<input type="checkbox"/> Registration Form <input type="checkbox"/> Residency Verification Affidavit -OR- <input type="checkbox"/> Schools of Choice Form <input type="checkbox"/> Student Internet Use and Safety Agreement <input type="checkbox"/> Request for Release of Information <input type="checkbox"/> Picture Release Consent <input type="checkbox"/> Lunch Application (www.lunchapp.com) <input type="checkbox"/> Transportation Form <input type="checkbox"/> Parent Portal Form <input type="checkbox"/> Sports Physical <input type="checkbox"/> IEP/ Temporary Placement <input type="checkbox"/> Transcript <input type="checkbox"/> Immunization Record

A minimum of one full day following the submission of all of the information requested above will be required before the student will be allowed to begin classes.

# Gobles Public School Registration Form

Today's Date \_\_\_\_\_ Resident of Gobles School District ? (circle one) Yes No  
 If no, specify which District \_\_\_\_\_

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

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

Home Phone \_\_\_\_\_

### Parents/Guardians Residing in the Home

Adult Male \_\_\_\_\_ Adult Female \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

E-Mail \_\_\_\_\_ E-Mail \_\_\_\_\_

STUDENT NAME	Grade
Student Email:	Student Cell:
<b>List ALL OTHER STUDENTS K-12 in the Household</b>	

### Emergency Contact Information

The school will always attempt to contact the parent/guardian first if an emergency develops. However, if we are unable to reach the parent/guardian, we will attempt to contact the following people.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_

The federal No Child Left Behind Act of 2001 allows parents/guardians of children who attended Title 1 funded schools to request information about the professional qualifications of their child's classroom teachers and paraprofessionals. If you would like information regarding qualifications for your child's teachers, please contact the Superintendent's office between the hours of 8:00 am-4:00 pm when school is in session.

Student's **LEGAL** Name \_\_\_\_\_  
Last First Middle

Nick Name \_\_\_\_\_

Grade \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

**Ethnic Origin:** Use 1, 2, 3 to rank primary and secondary groups:

\_\_\_\_ Am. Indian/Alaskan \_\_\_\_\_ Asian American \_\_\_\_\_ Black/not Hispanic

\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_ White/not Hispanic \_\_\_\_\_ Hispanic

School Transferring From \_\_\_\_\_

Does your child receive Special Education Services? \_\_\_\_\_ Yes \_\_\_\_\_ No 504 ? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your student been suspended or expelled from his/her previous school? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Health Information**

Are there any special medical problems the school should be aware of such as diabetes, epilepsy, bee-sting, allergies, medications taken regularly, etc. ? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes please explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Custodial/Legal Concerns:** (a copy of court documents must be on file if there are custodial concerns)

\_\_\_\_\_  
\_\_\_\_\_

**Alternate Household - Parent /Guardian Living Elsewhere**

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

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ E-Mail \_\_\_\_\_

# GOBLES PUBLIC SCHOOLS

Dear Parents,

The United States Department of Education, Office of Civil Rights, has requested that each school district collect information regarding the language background of their students. The information requested below will be used to determine the number of children who should be provided bilingual instruction under Title VI of the Civil Rights Act of 1964. Therefore, please answer each of the questions regarding the language background of your child.

Child's Name \_\_\_\_\_

Child's Grade \_\_\_\_\_ Age \_\_\_\_\_ Building \_\_\_\_\_

What language did your child learn when he/she first began to talk? \_\_\_\_\_

What language does your child mostly use at home? \_\_\_\_\_

What language do you mostly use when speaking to your child? \_\_\_\_\_

What language is most often spoken by adults at home? \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Queridos Padres,

El Departamento de Educación de los Estados Unidos, Oficina de Derechos Civiles ha pedido que cada escuela publica cuestionario tocante el idioma de cada estudiante. La información se usará para determinar el numero de niños que tengan que proveer instrucción bilingue según la ley del Titula VI del Acta de Derechos Civiles de 1964. Asi es que por favor contesté cada pregunta refiriendo al idioma que su hijo/hija habla.

Nombre del hijo/a \_\_\_\_\_

Grado \_\_\_\_\_ Edad \_\_\_\_\_ Escuela \_\_\_\_\_

Qué lenguaje aprendio su hijo/a cuando el/ella empezo a hablar por premera vez?

Qué lenguaje habla más su hijo/a en la casa? \_\_\_\_\_

Qué lenguaje usa Ud. más en hablar con su hijo/a? \_\_\_\_\_

Qué lenguaje se habla más por los adultos en la casa? \_\_\_\_\_

\_\_\_\_\_  
Firma de uno de los padres o guardian

\_\_\_\_\_  
Fecha