

School Registration Form

STUDENT INFORMATION

Legal Name: _____ Grade Entering: ____ Enrollment Date: ____
Last First Middle

Home Address: _____
Street Number Street Address City, State Zip

Home Phone#: _____ - _____ - _____ Student Cell Phone#: _____ - _____ - _____ Student E-mail: _____

Gender: _____ Birthdate (MM/DD/YYYY): ____/____/____ Birth Place: _____
M or F City State Country

Previous School Attended: _____
Name Street Address City State Zip

Date of Entry in United States (if appropriate): _____ Student ID #: _____
For Office Use Only

Ethnicity (Please Select One)

_____ Not, Hispanic or Latino

_____ Yes, Hispanic or Latino

Race (Please Select One or More):

_____ American Indian/Alaska Native

_____ Asian _____ White

_____ Native Hawaiian/Pacific Islands

_____ Black/African American

Student's First Language: _____

As part of the school district's effort to provide your child with an appropriate educational program, we need to know what language you and your child speak at home. Thank you for your cooperation.

Is your child an immigrant? _____

Please list all languages spoken in your home. _____

Which language did your child first hear or speak? _____

If English is the only language listed, please stop here. If another language is listed, please answer the rest of the questions.

Which language do you speak most often speak to your child? _____

Which language does your child most often speak at home with adults? _____

Which language does your child most often speak at home with other children? _____

Which language does your child read? _____

Which language does your child write? _____

Has your child ever studied the English Language in school? _____ Which Grades? _____

Student lives with:

Both Parents _____ Father Only _____ Mother Only _____ Grandparents _____ Father/Stepmother _____ Mother/Stepfather _____ Guardian _____

Other _____ Sibling(s) in Bow School District (include name and grade) _____

Is there a joint custody or parenting plan in effect? ____ Yes ____ No **(If yes, plan must be on file with the school for enforcement)**

Is there a restraining order in effect? ____ Yes ____ No **(If yes, legal papers must be on file with the school for enforcement)**

Restraining order is against: _____ Effective Dates: _____

Is there a second household that needs to receive mailings? ____ Yes ____ No **(If yes, please include name and address below)**

Name

Street Address

City

State

Zip

PARENT SIGNATURE (Your signature indicates the information given on both sides of this form is true and accurate)

Date: _____

HOUSEHOLD INFORMATION**Contact #1:**

Legal Last Name _____ First Name _____

Street Number _____ Street Address _____ City, State _____ Zip _____

PO Box #: _____ Contact 1 Gender: _____

Email Address: _____ City, State, Zip _____ M or F _____

Place of Employment: _____

Relationship to Student: _____

Home Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____

HOUSEHOLD INFORMATION**Contact #2:**

Legal Last Name _____ First Name _____

Street Number _____ Street Address _____ City, State _____ Zip _____

PO Box #: _____ Contact 2 Gender: _____

Email Address: _____ City, State, Zip _____ M or F _____

Place of Employment: _____

Relationship to Student: _____

Home Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____

Contact #3:

Legal Last Name _____ First Name _____

Street Number _____ Street Address _____ City, State _____ Zip _____

PO Box #: _____ Contact 3 Gender: _____

Email Address: _____ City, State, Zip _____ M or F _____

Place of Employment: _____

Relationship to Student: _____

Home Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____

Contact #4:

Legal Last Name _____ First Name _____

Street Number _____ Street Address _____ City, State _____ Zip _____

PO Box #: _____ Contact 4 Gender: _____

Email Address: _____ City, State, Zip _____ M or F _____

Place of Employment: _____

Relationship to Student: _____

Home Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____

BEFORE AND AFTERSCHOOL PLANS - This is the schedule your child will follow **everyday** unless we receive notification otherwise. Please indicate students intended destination afterschool. If your child is riding a bus, please list the bus number.

Monday	Tuesday	Wednesday	Thursday	Friday
AM-	AM-	AM-	AM-	AM-
PM-	PM-	PM-	PM-	PM-

IMPORTANT: If you make a change in your child's schedule, please notify the school AND the childcare facility, if appropriate.

STUDENT DRIVER INFORMATION - Bow High School students may park on school grounds with a Bow High School parking permit only.

Make: _____ Model: _____ Color: _____

Plate Number: _____ Permit #: _____ Permit Fee Paid: _____

Office Use Only Check # or Cash

PHOTO RELEASE

Photos of Bow School District students are, on occasion, featured in the school newsletter, local newspaper and on the BSD website. Please complete the following:

Student's Name has permission to be photographed.

Parent/Guardian Signature

Date

School Registration Form Checklist

Student Name: _____ Grade: _____ Today's Date: _____

Parent/Legal guardian must accompany student at registration.

- Completed and signed **registration form**
- Completed and signed Bow School District **residency declaration form**
- Two forms of current **proof of residency** (make copy of each)
- Completed and signed **student record release form** (BHS)
- Copy of **birth certificate**
- Legal guardians must provide **court documents** stating such
- Copies of all **Legal Document/Court Orders** (parenting plan and custody guidelines, guardianship, restraining orders, orders with regard to educational records)
- Record of **immunizations**
- Completed **transfer student health history form**
- Completed **emergency information form**
- Completed **developmental history** form (BES)
- Completed the **Acceptable Use Agreement** form
- Completed the **Bow School District Food Service prepayment** form
- Completed the **Early Release/Late Arrival/Senior Open Campus** form (BHS)

Office Use Only

Entered into Infinite Campus _____

Appropriate School Contacted _____