

Student ID# _____

**Watson Chapel School District
Student Registration Packet**

Date: _____

Teacher _____

Grade: _____

Student Name*: _____ Generation(Jr, II): _____

First MI Last

Sex: _____ Birth Date: _____ / _____ / _____ Student's SSN (optional): _____ - _____ - _____

Race Information

Is this student Hispanic or Latino?: No Yes (A person of Mexican, Puerto Rican, Cuban, South or Central American or other Spanish culture or origin, regardless of race.)

Primary Race: Black / Asian / American Indian-Alaska Native / White / Native Hawaiian-Pacific Islander

Additional Race: Black / Asian / American Indian-Alaska Native / White / Hispanic / Native Hawaiian-Pacific Islander

Home Language Survey

What language is spoken in your home most of the time?: _____

What language does the student speak most of the time?: _____

What language does the parents speak to the student most of the time?: _____

Student Information

Student Email address: _____

Apt. #: _____ Address: _____

City: _____ State: _____ Zip: _____

Student's Phone: _____

Parent/Guardian Information

1 st Guardian (Mother or Legal Guardian)	2 nd Guardian (Father or 2 nd Legal Guardian)
First Name _____ Last Name _____	First Name _____ Last Name _____
Relationship: _____	Relationship: _____
Email: _____	Email: _____
Phone Numbers:	Phone Numbers:
Home: _____ - _____ - _____	Home: _____ - _____ - _____
Cell: _____ - _____ - _____	Cell: _____ - _____ - _____
Work: _____ - _____ - _____	Work: _____ - _____ - _____
The 1st guardian should be the guardian the student lives with! If living with both parents check box <input type="checkbox"/>	

Additional Student Information

Please check if student is homeless: Birth City & State: _____

Has student ever attended Watson Chapel School District before?: _____ If yes, what school?: _____

Last school attended by student: _____

School Name City/State School Phone

Is student serving or due to serve a suspension or expulsion from the previous school?: _____

If yes, is expulsion recommendation in process?: _____

Is student receiving any special services (Special Education, Gifted & Talented, 504, Speech, etc)? _____

Student will (please check one): Ride School Bus Parent Pick-up Walk Drive

Does student have internet access at home: (Yes/No)? _____

Pre-School Participation:

A – Arkansas Better Chance
E – Even Start
EC – Early childhood

H – Headstart
NA – Not Applicable
C – 21st Century Community Learning Center

O – Other
P – Private Pre-School
PS – Public School Pre-School

Does this child reside in a household with an active or reserve member of a branch of the United States Armed Forces? Active Reserved Branch: _____

Is this student a twin/triplet? _____ Name of siblings: _____

Purpose: Parent/Guardian to provide emergency information for children who become ill or injured while under school authority, **when Parent/Guardian cannot be reached.** This information will also be provided to the proper emergency authorities if needed.

Emergency Contact Information

Additional Emergency Contact/Pick-up: Phone#: _____ Cell#: _____

Name: _____ Relationship: _____

Additional Emergency Contact/Pick-up: Phone#: _____ Cell#: _____

Name: _____ Relationship: _____

Preferred Physician Dr. _____ Phone#: _____

Preferred dentist Dr. _____ Phone#: _____

Child's Medicaid Number: _____ or I have insurance with: _____

Family Roster

(Please list brothers and sisters of the student family or household):

Name	Birth Date	School

Legal Alerts

Court Orders, Custody Orders, Restraining Orders, etc. (copy must be furnished): _____

Medical History (Does this student have a history of):

Allergies (please list all): _____

Please check all applicable:

- Asthma
- Convulsions or Seizures
- Diabetes
- ADHD/ADD
- Eye Problems
- Ear Problems

Does this student have any other health problems or disabilities?: _____

If yes, please explain: _____

Please list all medicine currently prescribed: _____

Parent/Guardian Notice of State Mandated Screening(s)

Watson Chapel School District provides health screening(s) for vision, hearing, scoliosis, height, and weight in accordance with state law.

Parent/Guardian's Signature: _____ Date: _____