



Parental Registration Statement

Student's name _____ () Male () Female

Date of birth _____ Place of birth _____ Birth certificate # (optional) _____ Ethnicity _____

Address _____ City _____ State _____ Zip Code _____

Person completing form _____ Relationship to student _____

Email _____ Telephone # _____ Cell Phone # _____

Student resides with: Check all that apply _____ Parent(s) or legal guardian _____ Relative, friend(s) or other adult _____ Alone _____ Other _____

Is there a custody agreement? _____ Is there a court order? _____

Name of Parent 1 _____

Name of Parent 2 _____

Parent's place of employment:

Parent 1 _____
Occupation Employer Business Address & Phone #

Parent 2 _____
Occupation Employer Business Address & Phone #

Number of brothers: _____ younger _____ older Number of sisters: _____ younger _____ older

Does the student live in the Riverview School District? Yes _____ No _____

In what type of setting is the student living now?

- _____ In a rented or owned house or apartment _____ In an emergency or transitional shelter
- _____ Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason
- _____ In a motel, hotel, campsites, or cars due to lack of alternative adequate accommodations
- _____ In a car, park, public spaces, abandoned building, substandard housing, bus or train stations, or similar settings
- _____ Other places not designed for, or ordinarily used as a regular sleeping accommodations for human beings

School district in which you last resided _____

Former school name and address _____

Last grade successfully completed _____ Grade now entering _____

Does your child have an IEP (Individual Education Plan)? _____ Yes _____ No

Does your child have a GIEP (Gifted Individual Education Plan)? _____ Yes _____ No

Does your child have a 504 Plan? _____ Yes _____ No

Does your child have any problems which would affect his/her participation in any part of the school program? _____ Yes _____ No
If YES please explain on back.

High Risk Medical Condition(s) _____ Yes _____ No If YES please explain on back.

Signature of person completing form _____ Date _____

Entrance date: _____ Date sent for records: _____

Racial/Ethnic Categories of Persons

Racial/Ethnic Categories – Categories used to describe groups to which individuals belong, identity with or belong in the eyes of the community. These categories do not denote scientific definitions of anthropological origins. However, no person may be counted in more than one racial/ethnic category.

AMERICAN INDIAN/ALASKAN NATIVE – A person having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

ASIAN/PACIFIC ISLANDER – A person having origins in any of the original peoples of the Far East, Southeast Asian, the Indian subcontinent or Pacific Islands. This includes people from China, Japan, Korea, the Philippine Islands, Samoa, India and Vietnam.

BLACK (NON-HISPANIC) – A person having origins in any of the black, racial groups of Africa (except those of Hispanic Origin).

HISPANIC – A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

WHITE (NON-HISPANIC) – A person having origins in any of the original peoples of Europe, North Africa or the Middle East – (except those of Hispanic origins).