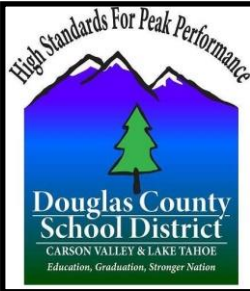


DOUGLAS COUNTY SCHOOL DISTRICT

Registration Form – Please Print Clearly



STUDENT INFORMATION – STUDENT MUST BE ENROLLED BY LEGAL NAME ON BIRTH CERTIFICATE OR OTHER LEGAL DOCUMENT										
Last Name			First Name			Middle Name		Grade		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address					Apt.	City	State	Zip Code	Home Phone	
Mailing Address/P.O. Box (If Different Than Address Above)					Apt.	City	State	Zip Code	Student's Cell Phone	Student's Email
Birth Date		Birth Place (City/State)		Birth Country		Primary Language		County Of Residence <input type="checkbox"/> Douglas <input type="checkbox"/> Alpine <input type="checkbox"/> County Variance		
PARENT/GUARDIAN INFORMATION – MUST BE COMPLETED BY PARENT/GUARDIAN										
Relationship		Last Name			First Name			Home Phone		Resides With Student: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address					Apt	City	State	Zip Code	Parent/Guardian Email	
Workplace					Daytime Phone			Cell Phone		
Relationship		Last Name			First Name			Home Phone		Resides With Student: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address					Apt	City	State	Zip Code	Parent/Guardian Email	
Workplace					Daytime Phone			Cell Phone		
NON-CUSTODIAL PARENT - NOT NECESSARY TO COMPLETE IF STUDENT LIVES WITH BOTH NATURAL PARENTS										
Relationship		Last Name			First Name			Home Phone		Cell Phone
Address					Apt.	City	State	Zip Code	Workplace	Daytime Phone
STEP-PARENT INFORMATION										
Relationship		Last Name			First Name			Home Phone		Cell Phone
Address					Apt.	City	State	Zip Code	Workplace	Daytime Phone
Relationship		Last Name			First Name			Home Phone		Cell Phone
Address					Apt.	City	State	Zip Code	Workplace	Daytime Phone
SIBLING INFORMATION - PLEASE LIST ALL SIBLINGS ENROLLED IN THE DOUGLAS COUNTY SCHOOL DISTRICT										
EMERGENCY CONTACTS – LIST 3 INDIVIDUALS THAT WE MAY CONTACT IN THE EVENT WE ARE NOT ABLE TO CONTACT YOU										
Emergency Contact #1				Relationship		Home Phone		Daytime Phone		Cell Phone
Emergency Contact #2				Relationship		Home Phone		Daytime Phone		Cell Phone
Emergency Contact #3				Relationship		Home Phone		Daytime Phone		Cell Phone
EDUCATIONAL INFORMATION										
Last School Attended			Address			City		State	Zip Code	When
Has your child ever attended a Douglas County School? <input type="checkbox"/> Yes <input type="checkbox"/> No			Has your child ever attended another Nevada school? <input type="checkbox"/> Yes <input type="checkbox"/> No			Has your child ever received Special Education Services? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does your child have a current Accommodation Plan (Section 504)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of school: _____ Year attended: _____			Name of Nevada school: _____ Year attended: _____			Does your child have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Has your child ever been expelled from school? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has your child ever been suspended from school due to acts of violence? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has your child ever been suspended from school due to drug possession? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is your child currently on probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No				

School Office Use:

Birth Certificate

- Yes
 No

Immunizations

- Yes
 No

Custodial Papers

- Yes
 No
 N/A

Proof of Residency

- Yes
 No

Student ID #:

Date Enrolled In School:

Date Enrolled In District:

Records Requested On:

Teacher/Class Placement:

Parent/Guardian Signature: _____

Date: _____