

### Student Registration Sheet

Anticipated date of entry \_\_\_\_\_

Registering for grade: \_\_\_\_\_

Has the student previously attended a school in Mansfield? \_\_\_\_\_ If yes, which school and when? \_\_\_\_\_

#### Student Information:

Legal First Name: \_\_\_\_\_ Full Middle Name: \_\_\_\_\_ Legal Last Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth (city, state, country): \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address, if different from home: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Primary Emergency Phone: \_\_\_\_\_

#### Family Information:

Full Name of Mother: \_\_\_\_\_ Mother's cell \_\_\_\_\_

Mother's Email \_\_\_\_\_ Mother's work phone \_\_\_\_\_

Mother's Home phone if different from student \_\_\_\_\_

Mother's address if different from student \_\_\_\_\_

Full Name of Father: \_\_\_\_\_ Father's cell \_\_\_\_\_

Father's Email \_\_\_\_\_ Father's work phone \_\_\_\_\_

Father's Home phone if different from student \_\_\_\_\_

Father's address if different from student \_\_\_\_\_

Full Name of Guardian: (if not parent) \_\_\_\_\_ Guardian's cell \_\_\_\_\_

Guardian's Email \_\_\_\_\_ Guardian's work phone \_\_\_\_\_

If separated or divorced, child resides with: Mother \_\_\_\_\_ Father: \_\_\_\_\_ Both (joint custody) \_\_\_\_\_

Are there any custody issues we should be aware of? \_\_\_\_\_

Names and grades of siblings: Please mark with an asterisk any student who is already enrolled in Mansfield.

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

#### Contact Information:

In the event of sudden illness or accident, to whom may we dismiss this child?

Name	Relationship	Home Number	Cell Number	Work Number	Priority #
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### Student Registration Sheet

#### Academic Information:

1. Is the student on an Individual Educational Plan (IEP)? \_\_\_\_\_
2. Does the student receive either Occupational and/or Physical Therapy? \_\_\_\_\_
3. Does the student receive Speech Therapy? \_\_\_\_\_
4. Does the student receive Counseling Services? \_\_\_\_\_
5. Is the student on a 504 plan? \_\_\_\_\_
6. Does the student currently receive ELL services? \_\_\_\_\_
7. Other: \_\_\_\_\_

#### Student Personal History:

Is this student involved with any outside agencies? \_\_\_\_\_

Are there any behavioral concerns that may affect school progress? \_\_\_\_\_

Behavioral Record (last 3 years):

Suspensions or Expulsions \_\_\_\_\_

Criminal Violation (last 3 years):

School \_\_\_\_\_ Court Actions \_\_\_\_\_

Community \_\_\_\_\_ Charges of suspected acts \_\_\_\_\_

Has the student ever been retained? \_\_\_\_\_ If yes, what grade level? \_\_\_\_\_

**I certify that the information provided about \_\_\_\_\_'s academic and personal history is accurate and complete as specified by the law. I understand that failure to disclose or to misrepresent any of the required information may result in my student's exclusion from the Mansfield Public Schools.**

Print Parent / Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_

**Office use only**

Local ID: \_\_\_\_\_ SASID: \_\_\_\_\_ Grade \_\_\_\_\_ YOG \_\_\_\_\_

Entry Date: \_\_\_\_\_ School: \_\_\_\_\_ Bus: \_\_\_\_\_ Lunch Pin: \_\_\_\_\_

Special Education: \_\_\_\_\_ Special Education office notified, if applicable. \_\_\_\_\_ IEP received \_\_\_\_\_

Proof of Residency: \_\_\_\_\_ Birth Certificate: \_\_\_\_\_ Photo of parent \_\_\_\_\_

Custody papers on file \_\_\_\_\_ Immunizations up to date: \_\_\_\_\_ Current Physical on file: \_\_\_\_\_

All students, regardless of race, color, sex, religion, national origin, limited English proficiency, sexual orientation, gender identity, disability, or housing status, have equal access to all programs including athletics and other extracurricular activities.