

SASID: \_\_\_\_\_

Local ID: \_\_\_\_\_

YOG: \_\_\_\_\_

**PLAINFIELD PUBLIC SCHOOLS**  
**STUDENT REGISTRATION/INFORMATION FORM**

Registration Date: \_\_\_\_\_

New Re-enrolling

Entrance Date: \_\_\_\_\_

Bus #:

Teacher/Grade:

Student Name: Last Name _____		First Name _____		Middle Name _____	
Birthdate (Month/Day/Year) _____	Gender M F Non-Binary	Birthplace: City _____	State _____	Country _____	US Citizen Yes No
Race Asian or Pacific Islander American Indian or Alaska Native African American Caucasian Other					
Ethnicity: Hispanic or Latino					
Language(s) Spoken in the Home: _____			What language did your child first speak: _____		
Child's Dominant Language: _____			Parent active in Armed Forces/full-time National Guard Yes No		

**NOTE: A notarized affidavit of residency must be filed in the office if student is not living with parent or legal guardian.**

<b><u>Primary Parent/Guardian</u></b> Relationship _____ Name _____ Address _____ City, Zip _____ Phone _____ Work _____ Mobile _____ Other Phone _____ E-mail _____ Student lives with Yes No Access to Parent Portal Yes No Able to pick up student Yes No <div style="border: 1px solid black; padding: 2px; width: fit-content;">May pick up without a note Yes ___ No ___</div>		<b><u>Third Contact</u></b> Relationship _____ Name _____ Address _____ City, Zip _____ Phone _____ Work _____ Mobile _____ Other Phone _____ E-mail _____ Student lives with Yes No Access to Parent Portal Yes No Able to pick up student Yes No <div style="border: 1px solid black; padding: 2px; width: fit-content;">May pick up without a note Yes ___ No ___</div>	
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<b><u>Second Contact</u></b> Relationship _____ Guardian Name _____ Address _____ City, Zip _____ Phone _____ Work _____ Mobile _____ Other _____ E-mail _____ Student lives with Yes No Access to Parent Portal Yes No Able to pick up student Yes No <div style="border: 1px solid black; padding: 2px; width: fit-content;">May pick up without a note Yes ___ No ___</div>		<b><u>Fourth Contact</u></b> Relationship _____ Name _____ Address _____ City, Zip _____ Phone _____ Work _____ Mobile _____ Other _____ E-mail _____ Student lives with Yes No Access to Parent Portal Yes No Able to pick up student Yes No <div style="border: 1px solid black; padding: 2px; width: fit-content;">May pick up without a note Yes ___ No ___</div>	
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<b><u>Daycare/Childcare Provider</u></b> Name: _____ Street Address: _____ Pick Up at Daycare: Yes No Drop Off at Daycare: Yes No Phone Number _____ Cell Phone _____ <b>Able to pick up student from school? Yes No</b>		<b><u>School Messenger System</u></b> <b>Called between 4PM-7AM</b> Phone 1 _____ <b>Called between 7AM-4PM</b> Phone 2 _____ Phone 3 _____	
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Is there joint custody? Yes No N/A Is there sole custody? Yes No N/A

Are there current custodial documents/ visitation restrictions in effect? Yes No, (If yes, documents must be on file with the school) Is there a current restraining order in effect regarding student? Yes No (If yes, legal documents must be on file with the school)

Restraining order is against: Mother Father Other \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

**Additional Emergency Contacts (not previously listed): In the event the school is unable to contact the parent/guardian, I authorize that my child may be released to the following person(s) listed below:**

Last Name	First Name	Relation to Student	Phone: <input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell
Last Name	First Name	Relation to Student	Phone: <input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell

**Siblings**

Last Name	First Name	School	Age/DOB

**Other Household Residents**

Last Name	First Name	Relationship to Student

**Previous Schools Attended** All previous schools attended (list most recent first):

School Name	Address	City	State	From	To	Grade Levels	Public (please check)	Private (check)

**Special Services**

Did your child attend Preschool? Yes No If yes, what program? \_\_\_\_\_

Has your child ever qualified for or been enrolled in a Special Ed Program? Yes No

Has your child ever qualified for or had a 504 plan? Yes No

Has your child ever participated in:  
 Title I/LAP IEP Gifted Other \_\_\_\_\_

Has your child ever been enrolled in an English Language Learner Program? Yes No

Has your child ever been retained? Yes No  
 If yes, what grade? \_\_\_\_\_

Has your child ever been expelled? Yes No  
 Date: \_\_\_\_\_

**Student Release Authorization/Handbook/Verification of Information (Please check one box for each item.)**

**Yes No** In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed on this form.

**Yes No** I give my permission for the use of my child's picture and/or first name on the school website, school publications, newspapers, or public access TV.

**Yes No** I have received a copy of the student handbook which includes Board of Education policies concerning student conduct. I acknowledge that it is my responsibility to know and abide by the rules regarding student conduct described in the handbook. Upon request, I agree to have my child's name released to military recruiters and institutions of higher education. **(High school only)** The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment may be cause for revocation of the student's enrollment or assignment to a school in the Plainfield Public Schools.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_