

DERRY COOPERATIVE SCHOOL DISTRICT
SCHOOL REGISTRATION FORM

Student Name _____ DOB _____ Place of Birth _____

Address _____ Home Phone _____ M _____ F _____

Mark an X over position in family for this child. Mark M or F for each child	✓ Grades Completed Mark R if Grade Repeated																																								
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STUDENT LIVES WITH: ___ Both Parents ___ Mother ___ Father ___ Guardian
ASSIGNED CUSTODY: ___ Both Parents ___ Mother ___ Father ___ Guardian
CUSTODY ISSUE: ___ Yes ___ No

**IF YES, PLEASE SUPPLY THE SCHOOL WITH ANY COURT ORDERS RELEVANT TO YOUR CHILD.
DO NOT RELEASE MY CHILD TO:** _____

Mother's Name _____	Father's Name _____	Guardian's Name _____
Address _____	Address _____	Address _____
Home Phone _____	Home Phone _____	Home Phone _____
Cell # _____	Cell # _____	Cell # _____
Employer _____	Employer _____	Employer _____
Work Phone _____	Work Phone _____	Work Phone _____
Email _____	Email _____	Email _____

School Last Attended _____ **Phone #** _____
Address _____ **Was Child in Special Program** _____
Language Spoken at Home Other Than English _____

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

*The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's (or your) race to be.*

___ **American Indian or Alaska Native** (A person having origins in any of the original people of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)

___ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)

___ **Black or African American** (A person having origins in any of the black racial groups of Africa.)

___ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

___ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

STUDENT'S PHYSICIAN _____ **Phone #** _____
STUDENT'S DENTIST _____ **Phone #** _____

Is there any medical reason why your child cannot participate in regular physical education activities? ___ Yes ___ No
If "yes", medical doctor's verification required.

DO WE HAVE YOUR PERMISSION TO PHOTOGRAPH/VIDEOTAPE YOUR CHILD IN THE CLASSROOM OR AT SCHOOL ACTIVITIES FOR PUBLICATION IN LOCAL NEWSPAPERS AND ON CHANNEL 6? YES ___ NO ___

In case of accident or serious illness, I request the school contact me to take emergency steps. If the school is unable to contact me, I request the school call the physician/dentist indicated and follow instructions. If it is impossible to reach the physician/dentist promptly, I request the school take whatever emergency steps are necessary.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

Date Registered _____	___ Physical Verified	Has Student Previously Attended a Derry School
School Assigned _____	___ Immunization Verified	_____
Grade _____	___ DOB Verified	_____