

River Valley Middle School Registration and Pupil Information

Grade entering:

STUDENT INFORMATION

Legal Last Name		Legal First Name		Middle Name	Other name student uses
Date of Birth:	Birthplace (list City and State and County)		Gender M F	Language at Home	Student Primary Language
Physical Address			City	Zip Code	
Mailing Address (if different)			Primary/Landline Phone		County of Residence

➔ 1. For research & reporting to the DPI , please indicate ethnic category: **Is your child Hispanic or Latino** Yes No

➔ 2. Select the racial category(s) that apply to your child (check all that are applicable):

- American Indian or Alaska Native**-A person having origins in any of the original peoples 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, e.g., 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. Terms such as 'Haitian', or 'Negro' can be used in addition to 'Black or African American'
- Native Hawaiian or Other Pacific Islander**-A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White**-A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

FAMILY INFORMATION: **Who does student live with?**

- Both Parents
 Both parents alternately
 Mother only
 Father only
 Family Member/Relative
 Parent w/step-parent/significant other
 Foster/Adoptive Parent

*If biological parents live in separate households and there is any court paperwork showing custodial rights, please provide**

HOUSEHOLD #1 - PRIMARY RESIDENCE (list each adult separately)

1 ST ADULT IN HOUSE – INFORMATION			
First & Last Name:		Relationship To <input type="checkbox"/> Biological Parent Student: <input type="checkbox"/> Other (please state) -	
Cell Phone:	Email (list primary used):		
Employer:	Work Phone:	Hours at work (ex: 7:30-4:00)	
2 ND ADULT IN HOUSE – INFORMATION (Spouse, significant other, relative, etc. – list other adult to reflect who also resides at this address)			
First & Last Name:		Relationship to <input type="checkbox"/> Biological Parent Student: <input type="checkbox"/> Other (please state) -	
Cell Phone:	Email (list primary used):		
Employer:	Work Phone:	Hours at work (ex: 7:30-4:00)	

HOUSEHOLD #2 - For separated households ---- List other biological parent information here (regardless if custodial or non-custodial) *(In the event any of this information is unknown – provide a NAME at absolute minimum) Reminder to provide custodial paperwork.*

1 ST ADULT IN HOUSEHOLD #2 - INFORMATION			
First & Last Name:		Relationship to <input type="checkbox"/> Biological Parent -- Custodial? <input type="checkbox"/> Yes <input type="checkbox"/> No Student: <input type="checkbox"/> Other (please state) -	
Address:		Email:	
Landline:	Cell Phone:		
Employer:	Work Phone:	Hours at work: (ex: 7:30 to 4:00)	
2 ND ADULT IN HOUSEHOLD #2 – INFORMATION			
First & Last Name:		Relationship to <input type="checkbox"/> Biological Parent -- Custodial? <input type="checkbox"/> Yes <input type="checkbox"/> No Student: <input type="checkbox"/> Other (please state) -	
Landline:		Cell Phone:	
Employer:	Work Phone:	Hours at work: (ex: 7:30 to 4:00)	

**** This document is two-sided ****

Other children in your family:

Name	Age	Grade	Name	Age	Grade
1. _____	_____	_____	4. _____	_____	_____
2. _____	_____	_____	5. _____	_____	_____
3. _____	_____	_____	6. _____	_____	_____

PARENT IN MILITARY? (PLEASE ANSWER ALL 3 QUESTIONS)

- YES NO Is either parent or guardian on active duty in the military?
- YES NO Is either parent or guardian a traditional member of the Guard or Reserve?
- YES NO Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32?

EMERGENCY CONTACT INFORMATION (DO NOT LIST YOUR, or OTHER PARENT, NAME HERE!)

In case of an emergency, which parent listed above should be contacted first? _____
The following person(s) have been contacted by me and have agreed to be responsible for my child in my absence. In the event of an emergency they shall act in my behalf. Please list names **OTHER** than parents.

1. _____ Relation: _____ Phone: _____ Work: _____

2. _____ Relation: _____ Phone: _____ Work: _____

Family Physician: _____ Physician's Phone: _____

Hospital you prefer, if needed: _____

Health Insurance Carrier: _____ Policy #: _____

No Insurance Coverage

I hereby authorize the school principal, nurse, or staff member to contact the above named physician or, if not available, an alternate physician, and to obtain emergency treatment for my child, if needed, if I or the other designated contact persons cannot be reached. I also understand that the school does not provide accident insurance for students. I give my permission to share this information with the appropriate school and medical personnel.

 Signature of Parent or Guardian _____ Date _____

TRANSFER STUDENTS ONLY

SCHOOL INFORMATION

Name of last school attended: _____

Street Address/State/Zip: _____

- Are there any legal or court orders involving your student that the school should be aware of? Yes No
If yes, explain. _____
- Has the student ever been expelled from school? Yes No (If Yes, please list the year/school from which the student was expelled.)
School _____ Year _____

Was your child in any special programs? Yes No Does your child have a current IEP? Yes No

Education Placement History/Special Education Status (Please check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Specific Learning Disabilities | <input type="checkbox"/> Speech & Language | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Emotional Behavioral Disabilities | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Title One/Chapter One |
| <input type="checkbox"/> Cognitive Disabilities | <input type="checkbox"/> Other Health Impairment | <input type="checkbox"/> Section 504 |

Student Scheduling:

My student is interested in Band Chorus