

DATE \_\_\_\_\_

**Student Registration Form  
2016-2017**

<b>Office Use Only:</b>	Grade _____	Cohort yr _____	SAIS ID _____
Start Date _____	Schoolmaster Date _____	Withdrawal Date _____	
Track One _____	Track Two _____	Teacher _____	

**STUDENT INFORMATION**

**Entering Grade:**

**High School** (Grades 9-12) \_\_\_\_\_ **Middle School** (Grades 6-8) \_\_\_\_\_ **Elementary** (K-5) \_\_\_\_\_

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ **Student** Cell Phone # \_\_\_\_\_ **Student** Work Phone # \_\_\_\_\_

**Student** E-Mail Address \_\_\_\_\_

**Gender:** M \_\_\_ F \_\_\_ Birth Date: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ State of Birth \_\_\_\_\_

**Please answer both parts:**

**Part A** Hispanic/Latino: Yes \_\_\_ No \_\_\_

**Part B** White \_\_\_ Black/African American \_\_\_ Asian \_\_\_ American Indian or Alaskan Native \_\_\_\_\_

Native Hawaiian or other Pacific Islander \_\_\_ Other \_\_\_\_\_

**Previous School(s) (Start with most recent school)**

School \_\_\_\_\_ Yr attended \_\_\_\_\_ School \_\_\_\_\_ Yr attended \_\_\_\_\_

Last Date Attended School \_\_\_\_\_ Reason for withdrawal \_\_\_\_\_

Has the student ever been suspended or expelled? Yes \_\_\_ No \_\_\_

Date \_\_\_\_\_ Reason \_\_\_\_\_

Has student ever been arrested or on probation: Yes \_\_\_ No \_\_\_ (If yes, please explain) \_\_\_\_\_

Probation Officer Name \_\_\_\_\_ Phone \_\_\_\_\_

**English Language Proficiency:**

What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_

What is the language most often spoken by the student? \_\_\_\_\_

What is the language that the student first acquired? \_\_\_\_\_

**Special Education, Accommodations or Services?** Yes \_\_\_ No \_\_\_ (If yes, please answer next question)

Was an Individual Education Plan (IEP) ever developed? Yes \_\_\_ No \_\_\_ (If yes, please provide copy)

**Does student have a medical condition?** (If yes, please explain) \_\_\_\_\_

**Does student take prescription medicine?** (If yes, please explain) \_\_\_\_\_

Over

**Parent/Guardian**

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Emergency Contact Information** (Only people on this form may take students out of classes)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

How did you find out about Nosotros Academy? Nosotros Academy Student \_\_\_\_\_ Advertising \_\_\_\_\_

Other \_\_\_\_\_

The following signature(s) confirm that I/we have read the Nosotros Academy Student /Parent Handbook. I/we also confirm that I/we have read the School/Parent/Student Responsibilities Compact that is in the handbook, and will abide by all of the policies contained therein, and that all information contained on this form is complete and accurate to the best of my/our knowledge. I/We understand that the omission or misrepresentation of any requested information may result in the revocation of the registration of this student at Nosotros Academy.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**FOR OFFICIAL USE**

- Documented history of disruptive behavior issues
- Returning from drop out
- Poor academic standing
- Primary caregiver/financially responsible
- Adjudicated
- Ward of the state