BURLINGTON SCHOOL DISTRICT

Building a Learning Community

NEW STUDENT REGISTRATION FORM

PLEASE PRINT LEGIBLY

Student Legal name (Last, first middle)			**Student** Preferred name/nickname
Gender: M__ F__	**DOB:**_____/_____/_____	**Enrolling grade:**_____	**Year Student entered 9th grade: 20**_____ **Does not apply**____

Enrolling school PK-5 My preferences for elementary **(1 to 6… 1 = top ; 6 = last)** Please choose at least three schools	**Magnet* and Elementary Schools** ____**Sustainability Academy*** (Gr K-5) ____**Integrated Arts Academy*** (Gr PK-5) ___ Essential Early Education Program (Gr PK) ___Champlain Elementary (Gr K-5) ___Edmunds Elementary (Gr K-5) ___C. P. Smith Elementary (Gr K-5) ___J.J. Flynn Elementary (Gr PK-5) *Please fill out and return the **Magnet School Application Form** if you have selected a magnet school as your 1st choice.
Enrolling school 6-12 (Check one)	___Hunt Middle School (Gr 6-8) ___Edmunds Middle School (Gr 6-8) ___Burlington High School (Gr 9-12)

Name of Sibling(s) currently attending a School in the Burlington School District.	Date of Birth	Name(s) of School(s)

Previous Education Information

Name of Last School Attended	Last School Attended Telephone	School Type (check all that apply) Public___ Private__ Pre-K___ Home education___
City / State of last School Attended	Country of last School Attended USA___ Other_____	
Special Services Information / Education Plan Please circle all that apply. | IEP | ESL | Title I | 504 | EST | Other_____	Grade Level at last attended school	Last Date Attended School
Has the student ever attended school in the Burlington School District before? Yes____ No___		

Student Place of Birth (City, State, Country)

Citizenship Status: US Citizen___ Other_____ **Country of Citizenship** (if not U.S.)**:**_____

Student Home Telephone* Unlisted____	**E-mail**

****Student Home telephone*** is the primary number to be used by Alert Now for regular notifications (School closings**)**

Physical Address of Student and Enrolling Parent/Guardian **Street #, Street Name, Apt no, City, State, Zip**	**Mailing Address** (if different from Physical) **Street #, Street Name, Apt no, City, State, Zip**

Ethnic Group and Race Categories. The Federal and State government **requires** that **both** these questions be answered and provides only the following categories for ethnic group and race. If questions 1 and 2 are not answered, school personnel are **required** to make selection for both.

1. Is this student Hispanic or Latino? (choose only one)

☐ **Yes, Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, or Central American or other Spanish culture or origin, regardless of race.)
☐ **No, Hispanic or Latino**

2. What is the student's race (select all that apply)

☐ **American Indian/Alaskan Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintain tribal affiliations or community attachment)

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

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

☐ **Native Hawaiian/ 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, North Africa or Middle East.)

Are there court orders of which the school should be aware? Yes___ No_____ If yes, please provide documentation with this registration

Student ID :_____

Student is an Immigrant: Yes___ No___ (If Yes please fill out next boxes 1-4)

Year entered country	Year First started school in country not United States	Immigrated From	First date enrolled in US school
1	2	3	4

Migrant Status: Yes___ No____ (In the last three years have you moved with family/guardian to Burlington in search of temporary or seasonal work in agriculture or logging.)

Student is in state Care and Custody: Yes_____ No_____ (If Yes, please fill continue to fill out the rest of this section.)
Student a Burlington Resident Yes_____ No_____ Resident City (if Not Burlington):_____

Caseworker Name: | **Caseworker Phone Day or Cell:** | **Night or Cell**

Agency Name and Address (Street #, Street Name, Apt no, City, State, Zip):

Parent/Guardian Information

Name: | **Relationship**: Mother__ Father__ Legal Guardian __ Other_____

Lives with Student: Full Time___ Part Time____ | **Has custody of Student:** Yes__ No__ | **Gets Mailing for Student:** Yes____ No____

Education (circle highest completed level): 8th grade | 9th grade | 10th grade | 11th grade | 12th grade; some college | 2 year college degree | 4 yrs college | grad school

Requires a translator: Yes__ No__
Correspondence Language:_____

Home Phone Unlisted____ | Day or Cell Phone Unlisted____ | Night or Cell Phone Unlisted____ | E-mail

Address if not the same as student's physical (Street #, Street Name, Apt no, City, State, Zip):

Guardian does not live with student, would like a second mailing of student correspondence to the above address. Yes____ No____ | **Employer:**_____

Parent/Guardian Information

Name: | **Relationship**: Mother__ Father__ Legal Guardian __ Other_____

Lives with Student: Full Time___ Part Time____ | **Has custody of Student:** Yes__ No__ | **Gets Mailing for Student:** Yes____ No____

Education (circle highest completed level): 8th grade | 9th grade | 10th grade | 11th grade | 12th grade; some college | 2 year college degree | 4 yrs college | grad school

Requires a translator: Yes__ No__
Correspondence Language:_____

Home Phone Unlisted____ | Day or Cell Phone Unlisted____ | Night or Cell Phone Unlisted____ | E-mail

Address if not the same as student's physical (Street #, Street Name, Apt no, City, State, Zip):

Guardian does not live with student, would like a second mailing of student correspondence to the above address. Yes____ No____ | **Employer:**_____

Provide the name(s) of person(s), other than the parent, allowed to pick up student or to call in case of an emergency

Name (first, middle initial, last)	Relationship to student	Telephone #	Telephone #

I certify that all the information on this student registration form is true and correct to the best of my knowledge and belief.

Parent or Guardian Signature_____ Date_____ Print Name_____

For Internal Use Only

Student ID:	Enrolling Home School and grade	Projected grad year	Projected middle school	School Enrollment Date
_____	_____(_____)	_____	_____HMS _____EMS	_____

*** Mandatory Forms for Completion**

*___Completed Student Registration Form
*___Birth Certificate on File
*___Proof of Residency on file
*___Primary Home Language Survey completed Date:_____
*Languages: Home, Dominant_____
*Languages: Native, Other_____
*___Migrant Education Program employment Survey completed
*___Immunization/Health records filed with Nurse
*___District Home School_____
(District Home School = Elementary school zone based on physical address)
___Health/Emergency contact form on file with nurse
___Requested Magnet school - Completed Magnet Application

___Food Service given completed Lunch Form
___Kindergarten Parent Survey Completed
___Team_____
___Guidance Counselor_____
___Home Study Student
___Act150 student
___State Placed
___Part Time Student Yes____ No____
___Part Time Hours _____
___Student record transfer request made
___Received records from sending school
___Education of Parent/Guardian

Date Received

_____