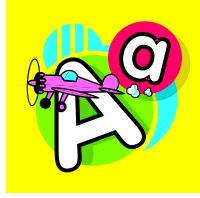


**ISLAND TREES U.F.S.D.  
SPECIAL EDUCATION REGISTRATION FORM**



Student ID \_\_\_\_\_ YOG \_\_\_\_\_

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**TO BE COMPLETED BY PARENT:** (Please Print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
(As appears on Birth Certificate or other documentary evidence of age)

Birth Date: \_\_\_\_\_ Place of Birth : \_\_\_\_\_ ( City, State, Country)

Gender: \_\_\_M \_\_\_F      US Citizen: \_\_\_Y \_\_\_N      Country: \_\_\_\_\_

Date of Entry to USA: \_\_\_\_\_      Ethnicity: \_\_\_\_\_

Primary Language at Home: \_\_\_\_\_      Need ESL: \_\_\_Y \_\_\_N

Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Preschool: Y N      If yes, Name of School or Center: \_\_\_\_\_

Previous School Address: \_\_\_\_\_

Previous School Telephone: \_\_\_\_\_

Receiving any services? \_\_\_\_\_

**PARENT INFORMATION**

**Natural** Father's Name: \_\_\_\_\_

**Natural** Mother's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

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**If Applicable:**

Step Father's Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Step Mother's Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

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**Legal Guardian Name:** \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

**PLEASE TURN OVER AND COMPLETE**

**EMERGENCY & MEDICAL INFORMATION**

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Is there a "Medical Alert" on file: \_\_\_Y \_\_\_N? Does the child have a Disability? \_\_\_Y \_\_\_N

Nature of Alert: \_\_\_\_\_

Current medications: \_\_\_\_\_

Is there a "Do Not Release" on file: \_\_\_Y \_\_\_N  
(Refers to a court order prohibiting release of a child to a parent not living at home.)

**IF THE PARENTS/GUARDIANS CANNOT BE REACHED BY PHONE, WHO CAN WE CALL IN CASE OF EMERGENCY?**

Emergency contact: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**GUARDIAN INFORMATION**

Legal Guardianship--Please check one: \_\_\_Mother & Father \_\_\_Mother \_\_\_Father \_\_\_Other (Specify) \_\_\_\_\_

Foster Child: \_\_\_Y \_\_\_N (Requires copy of DSS2999 Form) District of Origin: \_\_\_\_\_

**PLEASE READ BELOW AND SIGN AT THE TIME OF REGISTRATION APPOINTMENT**

I CERTIFY THAT THE INFORMATION WHICH I HAVE SUPPLIED IS TRUE TO MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MY REGISTRATION OF A CHILD WHO IS **NOT** A BONA FIDE RESIDENT OF THE ISLAND TREES SCHOOL DISTRICT WILL RESULT IN TUITION CHARGES FOR ALL SERVICES RENDERED. I FURTHER AGREE TO PROMPTLY NOTIFY THE SCHOOL REGARDING ALL CHANGES IN THE RESIDENCY OF THE CUSTODY OF THIS CHILD. I ALSO UNDERSTAND THAT ALL NATURAL PARENTS AND COURT-APPOINTED GUARDIANS HAVE EQUAL ACCESS TO TEACHERS, RECORDS, AND THE STUDENT UNLESS LEGAL RESTRICTIONS ARE NOW OR LATER PLACED ON FILE WITH THE ISLAND TREES SCHOOL DISTRICT.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use:

Identification - LICENSE \_\_\_\_\_ CAR REG. \_\_\_\_\_ INSURANCE CARD \_\_\_\_\_ Other \_\_\_\_\_

Residency - MTG \_\_\_\_\_ DEED \_\_\_\_\_ TAXES \_\_\_\_\_ HOME INS \_\_\_\_\_ UTILITIES \_\_\_\_\_

PHONE \_\_\_\_\_ CABLE \_\_\_\_\_ Other \_\_\_\_\_

RENTER AFFIDAVIT \_\_\_\_\_ HOMEOWNER'S \_\_\_\_\_ PROOF \_\_\_\_\_

Student - BC \_\_\_\_\_ BAPT \_\_\_\_\_ PASS \_\_\_\_\_ REP CARD/SCH \_\_\_\_\_ IMMUNIZATIONS \_\_\_\_\_ CUSTODY PAPERS \_\_\_\_\_

CPSE Referral \_\_\_\_\_ LANGUAGE SURVEY \_\_\_\_\_ Racial/Ethnicity \_\_\_\_\_ Other \_\_\_\_\_