

HORACE W. PORTER SCHOOL REGISTRATION/RESIDENCY FORM

Child's Legal Name: _____
Last Name First Name Middle Name

Resident Address _____

Mailing Address _____

Home Phone Number _____ Male Female Date of Birth _____

Current Age _____ Grade Entering _____ Place of Birth _____ State _____

U.S. Citizen? Yes No

NEEDED FOR ENROLLMENT OFFICE USE ONLY

- Birth Certificate
- Health/Physical Records
- Two documents with address
- Emergency Contact

School Last Attended (including Headstart/Licensed Daycare/PK program):

_____ City _____ State _____ Zip _____

Race/Ethnicity (Federal Mandate)

Is your child Hispanic/Latino? Yes No (Check only one)

What is your child's race? (Check one or more, even if you answered "Yes" to the Hispanic/Latino question)

- American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander White

Child Lives With:

- Both Parents Mother Father Stepmother Stepfather Guardian

MOTHER:

_____ Last Name First Name Maiden Name

Address (if different) _____ Email Address: _____

Home Phone: _____ Work Phone: _____ Cell Number: _____

Employer: _____ Occupation: _____

FATHER:

_____ Last Name First Name

Address (if different): _____ Email Address: _____

Home Phone: _____ Work Phone: _____ Cell Number: _____

Employer: _____ Occupation: _____

Stepparent/Guardian:

_____ Last Name First Name

Address (if different): _____ Email Address: _____

Home Phone: _____ Work Phone: _____ Cell Number: _____

Employer: _____ Occupation: _____

DIVORCED:

Please Provide Supporting Documentation from Court

Name of parent who has custody of the child: _____

Assignment of custody: Date: _____ Town: _____ State: _____

Other Children in Household:

Name	Birth Date	School Attending
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

- STUDENT LIVING SEPARATELY FROM PARENT/GUARDIAN** – Living Separately form needs to be filled out and attached.
- PARENT/GUARDIAN & STUDENT LIVING TOGETHER AT THE HOME OF A DISTRICT RESIDENT** - Living Together at Home of District Resident form needs to be filled out and attached.

— **FILL OUT AND SIGN PAGE 2 ON BACK** —

HORACE W. PORTER SCHOOL REGISTRATION/RESIDENCY FORM PAGE 2

What language did your child learn to speak first? _____

Predominant language spoken at home? _____

Predominant language spoken by student at home? _____

PLEASE FILL OUT THE FOLLOWING IMPORTANT INFORMATION REGARDING YOUR CHILD:

Does your child have a current IEP or 504 Plan? IEP 504 Plan NO

Does your child currently receive SRBI/RTI? YES NO

If "YES" please indicate which intervention they are receiving currently? MATH READING

In signing this document, I understand and acknowledge that I am representing that my child is entitled to free school accommodations from the Town of Columbia by virtue of their having a legal residence at the above-named address. I understand that if the information provided in connection with this questionnaire is determined to be false or misleading, resulting in the child/children named above to not be legally entitled to attendance in the Columbia Public Schools, the school district may take legal action to recoup valid tuition charges and legal fees. I understand that if it is determined that I have defrauded the Columbia Public Schools, I may also be subjected to the pains and penalties of perjury and false statement and such other remedies as may be available under law.

Signature of Parent/Guardian

Date