

HORACE W. PORTER SCHOOL REGISTRATION 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

Dominate Language (Federal Mandate)

What Language did your child learn to speak first? _____

Predominant language spoken at home? _____

Predominant language spoken by student at home? _____

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:

_____ Last Name First Name

Address: (if different) _____ Email Address: _____

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

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. _____	_____	_____

RESIDENCY INFORMATION:

- 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.

In order for student registration to be complete, a copy of two documents showing the street address where the student resides **must be** submitted with this form.

- | | | |
|---|--|---|
| <input type="checkbox"/> Deed or Mortgage Statement | <input type="checkbox"/> Phone Bill (landline) | <input type="checkbox"/> Driver’s License |
| <input type="checkbox"/> Lease/Rental Agreement | <input type="checkbox"/> Utility Bill | <input type="checkbox"/> Real Estate Tax Bill |

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

Emergency Contacts: (Emergency Contacts should be someone other than parents/guardians)

EMERGENCY CONTACT 1

Name: _____

Relationship to Student: _____

Address: _____

Home Phone: _____

Cell Phone: _____

EMERGENCY CONTACT 2

Name: _____

Relationship to Student: _____

Address: _____

Home Phone: _____

Cell Phone: _____

EMERGENCY CONTACT 3

Name: _____

Relationship to Student: _____

Address: _____

Home Phone: _____

Cell Phone: _____

EMERGENCY CONTACT 4

Name: _____

Relationship to Student: _____

Address: _____

Home Phone: _____

Cell Phone: _____

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