

STUDENT REGISTRATION FORM

MADISON METROPOLITAN SCHOOL DISTRICT



FOR SCHOOL USE ONLY

School Year _____ School _____ Grade _____ Student # _____ Homeroom/Backyard _____

Residency verified (mark one): Gas/Electric Bill Lease Mortgage Start Date _____

Birth date verified (mark one): Birth certificate Health record Other official record _____

STUDENT INFORMATION (Please print all information)

STUDENT LEGAL NAME (as it appears on the birth record)						Gender <input type="checkbox"/> F <input type="checkbox"/> M	_____/_____/_____ Date of Birth
Last Name		First Name		Middle Name		Suffix	
_____ Birth Country	_____/_____/_____ Date Entered US	_____ Nickname	_____ Birth City	_____ Birth County	_____ Birth State	_____ Student Cell Phone	

Has this student ever attended a MMSD school in the past? No Yes If yes, last MMSD school attended _____

Last school attended, if not in MMSD _____ Address _____ Phone _____

Has this student ever been enrolled in a program because of a disability and/or special need? No Yes If yes, what program _____

REGISTERING PARENT/GUARDIAN INFORMATION (Please print all information)

Relationship to student (check one): Parent Educational Guardian (must have MMSD Registration Office form) Legal Guardian (court designated) Stepparent Foster Parent

Last Name		First Name		Middle Name		Date of Birth		Gender	
Address		Apt #		City		State		Zip	
Home Phone					Employer/Work Name			Work Phone	
Cell Phone			Pager			Email Address – Important for communication			

Non Household - ADULT EMERGENCY CONTACT INFORMATION (Please print all information)

Last Name				First Name				Middle Name				Gender							
Home Phone				Work Phone				Cell Phone				Relationship to Student							
Address		Apt#		City		State		Zip		Address		Apt#		City		State		Zip	

Signature _____

Date _____

□ □ □ □ □ □

Student ID #
(MM/DD/YYYY)

Student Last Name

First Name

Middle Name

□ □

Grade

□ □ / □ □ / □ □ □ □

Date of Birth

RACE AND ETHNICITY DATA COLLECTION:

The school district is required by federal law to ask the following two questions concerning race and ethnicity. Please answer both questions.

Is this student Hispanic or Latino?

Yes, Hispanic or Latino

No, neither Hispanic nor Latino

Select one or more of the following categories that apply to this person (you must select at least one):

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

What language did the student first learn to speak?

English Spanish Hmong Other

What language does the student speak at home?

English Spanish Hmong Other

Is there or has there been another language other than English spoken in the home?
spoken _____

No Yes Language

Can an adult family member read English?

No Yes Language Read

Do you prefer correspondence in another language?

No Yes (Note: MMSD provides Spanish and Hmong translations)

Have you moved in the last three years for the purpose of obtaining temporary/
seasonal employment in an agricultural/fishing activity?

No Yes

Is this student currently expelled or in the expulsion process from any K-12 school? No

Yes If yes, list School/District _____

Has your child ever participated in preschool/daycare? _____

Headstart Play/Learn Private _____ Public _____ Other

Which of the following best describes the total amount of time your child participated in preschool/daycare? _____ Years
Hours

How much time per day on average? _____

HOUSEHOLD INFORMATION FORM



Student Last Name	First	MI	Student ID #	Birthdate / /	School
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PRIMARY ADDRESS - Parent/Guardian and Household Information

Note: When the parent/guardians of a student do not share the same address the address listed below will be used as the student's permanent resident address for registration purposes. This address shall be known as the primary address for school district registration and residency purposes.

Primary Household Address	Apt. #	City	State	Household Phone ()	Correspondence in other language for this household <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong	Residence is (please check) <input type="checkbox"/> Owned <input type="checkbox"/> Rented <small>This information is used for internal district research purposes only</small>
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Adult household members living at same address as listed above. Note: If the co-resident adults listed below are NOT the student's parents (i.e., stepparent, foster parent, legal guardian, educational guardian) then rights to the student's records may only be granted to the adult upon verification using proper documentation.

Relationship to student (check one): <input type="checkbox"/> Parent <input type="checkbox"/> Educational Guardian (must have MMSD Registration Office form) <input type="checkbox"/> Legal Guardian (court designated) <input type="checkbox"/> Stepparent <input type="checkbox"/> Foster Parent								
Adult Last Name	First Name	Middle Name	Birth date	Gender	Employer/Work Name	Work phone	Cell phone	Pager
Does this adult have rights to the students records? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Email Address – IMPORTANT FOR COMMUNICATION								
Highest education level (check one): <input type="checkbox"/> Less than high school <input type="checkbox"/> High school <input type="checkbox"/> Some college/technical school degree <input type="checkbox"/> 4 year college degree <input type="checkbox"/> Graduate school/professional degree								
Relationship to student (check one): <input type="checkbox"/> Parent <input type="checkbox"/> Educational Guardian (must have MMSD Registration Office form) <input type="checkbox"/> Legal Guardian (court designated) <input type="checkbox"/> Stepparent <input type="checkbox"/> Foster Parent								
Adult Last Name	First Name	Middle Name	Birth date	Gender	Employer/Work Name	Work phone	Cell phone	Pager
Does this adult have rights to the students records? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Email Address – IMPORTANT FOR COMMUNICATION								
Highest education level (check one): <input type="checkbox"/> Less than high school <input type="checkbox"/> High school <input type="checkbox"/> Some college/technical school degree <input type="checkbox"/> 4 year college degree <input type="checkbox"/> Graduate school/professional degree								
<small>This information is used for internal district research purposes only</small>								

Other household members living at same address as listed above

Household Member Last Name	First Name	MI	Gender	Birth date	Relationship to Student	School of Attendance (if school age)
Household Member Last Name	First Name	MI	Gender	Birth date	Relationship to Student	School of Attendance (if school age)
Household Member Last Name	First Name	MI	Gender	Birth date	Relationship to Student	School of Attendance (if school age)
Household Member Last Name	First Name	MI	Gender	Birth date	Relationship to Student	School of Attendance (if school age)
Household Member Last Name	First Name	MI	Gender	Birth date	Relationship to Student	School of Attendance (if school age)

If Student lives in more than one household fill out **Secondary household information on the REVERSE SIDE OF THIS FORM**

HOUSEHOLD INFORMATION FORM (page 2)



Student Last Name	First	MI	Student ID #	Birthdate / /	School
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SECONDARY ADDRESS - Parent/Guardian and Household Information

Note: If student resides in more than one household address or a parent with legal guardianship of the student resides in another household address please indicate the address of that additional household below. This address shall be known as the secondary address for school district registration and residency purposes.

Secondary Household Address	Apt. #	City	State, Zip	Household Phone ()	Correspondence in other language for this household <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong	Residence is (please check) <input type="checkbox"/> Owned <input type="checkbox"/> Rented <small>This information is used for internal district research purposes only</small>
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Adult household members living at same address as listed above Note: *If the co-resident adults listed below are NOT the student's parents (i.e., stepparent, foster parent, legal guardian, educational guardian) then rights to the student's records may only be granted to the adult upon verification using proper documentation.*

Relationship to student (check one): <input type="checkbox"/> Parent <input type="checkbox"/> Educational Guardian (must have MMSD Registration Office form) <input type="checkbox"/> Legal Guardian (court designated) <input type="checkbox"/> Stepparent <input type="checkbox"/> Foster Parent								
Adult Last Name	First Name	Middle Name	Birth date	Gender	Employer/Work Name	Work phone	Cell phone	Pager
Does this adult have rights to the students records? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Email Address – IMPORTANT FOR COMMUNICATION								
Highest education level (check one): <input type="checkbox"/> Less than high school <input type="checkbox"/> High school <input type="checkbox"/> Some college/technical school degree <input type="checkbox"/> 4 year college degree <input type="checkbox"/> Graduate school/professional degree								
Relationship to student (check one): <input type="checkbox"/> Parent <input type="checkbox"/> Educational Guardian (must have MMSD Registration Office form) <input type="checkbox"/> Legal Guardian (court designated) <input type="checkbox"/> Stepparent <input type="checkbox"/> Foster Parent								
Adult Last Name	First Name	Middle Name	Birth date	Gender	Employer/Work Name	Work phone	Cell phone	Pager
Does this adult have rights to the students records? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Email Address – IMPORTANT FOR COMMUNICATION								
Highest education level (check one): <input type="checkbox"/> Less than high school <input type="checkbox"/> High school <input type="checkbox"/> Some college/technical school degree <input type="checkbox"/> 4 year college degree <input type="checkbox"/> Graduate school/professional degree								
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Other household members living at same address as listed above

Household Member Last Name	First Name	MI	Gender	Birth date	Relationship to Student	School of Attendance (if school age)
Household Member Last Name	First Name	MI	Gender	Birth date	Relationship to Student	School of Attendance (if school age)
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Household Member Last Name	First Name	MI	Gender	Birth date	Relationship to Student	School of Attendance (if school age)
Household Member Last Name	First Name	MI	Gender	Birth date	Relationship to Student	School of Attendance (if school age)