



_____ Resident _____ Non Resident
Grade Entering _____ School Year _____
Date Enrolled _____

LEXINGTON CITY SCHOOLS STUDENT REGISTRATION FORM

www.lexedu.org

Student's Legal Name: _____
(Last) (First) (Middle) (Name to be called)

Address: _____

Date of Birth: _____ Place of Birth: _____

Parent/Guardian: Must live with AND have custody of student

Full Name: _____ Relationship: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____ Place of Employment: _____

Parent/Guardian:

Full Name: _____ Relationship: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____ Place of Employment: _____

Parent/Guardian:

Full Name: _____ Relationship: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____ Place of Employment: _____

Parent/Guardian:

Full Name: _____ Relationship: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____ Place of Employment: _____

With whom does the child live?

If different from parents, give name, address, phone number and relation to pupil.



Continue to Back of Sheet

Preschool Experience: Students entering kindergarten should list the pre-school attended, the number of days per week and the number of years attended.

Name of School	Hours Per Week	Dates Attended

Date student first entered US School: _____ Beginning Grade in US School: _____

Did the student receive free/reduced price meals at their previous school? YES NO

Has this student been expelled or suspended from another school or school division? YES NO

Does the student's parent/guardian have an affiliation with the military? YES NO

If yes, please circle one:

- Active Duty; Student is a dependent of the Active-Duty forces
- National Guard or Reserve; Student is a dependent of the National Guard or Reserve Forces

Language Information:

What is the primary language used in the home, regardless of the language spoken by the student? _____

What is the language most often spoken by the student? _____

What is the language that the student first acquired? _____

Gender	Is your student Hispanic or Latino?	What is your child's race?	What is your child's ethnicity?
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	<input type="checkbox"/> Yes, Hispanic or Latino <input type="checkbox"/> No, Not Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/other Pac Islander <input type="checkbox"/> White	<input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Unspecified

Number of children in family (including the student you are registering) Boys _____ Girls _____

Names and ages of all children in family:

Last Name	First Name	Age	Grade	Current School

Transportation

My child will:

<input type="checkbox"/> Ride the shuttle *Permission form signed and on file	<input type="checkbox"/> Walk	<input type="checkbox"/> Be picked up	<input type="checkbox"/> Ride his/her bike *Grades 3-5 only
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Please check if any of the following pertain to the student:

Living in a foster home
 Gifted /Talented
 Migrant
 Refugee/Immigrant
 Receiving ESL services
 Has an IEP
 Has a 504 plan

Does your child stay in any of the places listed below? If so, please check the appropriate line; if not leave this section blank.

in a shelter
 in a motel/hotel
 in a car
 at a campsite
 other
 in another location that is not appropriate for people
 temporarily with more than one family in a house, mobile home or apartment, because the family does not have a place of its own

Emergency Contacts: Parents will always be called first. Please list contacts in the order that you would like to be called.

Name	Relationship	Phone	May contact check student out of school?	Alert contact to detail of emergency?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are there any legal complications regarding your child? (custody, visitation etc.)

If so, please make sure the office has copies of any legal documentation.

Please list any person(s) not permitted to pick up your child:

Name	Phone	Address



Continue to Back of Sheet

SPECIAL EDUCATION SERVICES

Does your child receive special education services (Individualized Education Program or IEP)? YES NO
If YES, please complete the section below:

TEMPORARY PLACEMENT FORM FOR SPECIAL EDUCATION STUDENTS TRANSFERRING INTO LEXINGTON CITY SCHOOLS

THIS SECTION TO BE COMPLETED BY THE PARENT/GUARDIAN:

I, _____, **GIVE permission** for my child, _____, to be
(Parent/Guardian Name) (Student Name)

temporarily placed in a special education program similar to the one in which he/she was enrolled at:

_____ in _____
(Name of Previous School) (City/State/Zip Code)

This decision will be implemented after Lexington City Schools personnel either receives a current IEP from the previous school or verifies placement with the previous school by mail or phone. I have completed and signed a records release so that Lexington City Schools may request my child's records from his/her previous school.

A Lexington City Schools IEP will be developed within thirty calendar days of the student's enrollment in the Lexington City School system.

(Parent/Guardian Signature) (Date)

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I, _____, **do NOT give permission** for my child _____, to be
(Parent/Guardian Name) (Student Name)

temporarily placed in a special education program similar to the one in which he/she was enrolled at:

_____ in _____
(Name of Previous School) (City/State/Zip Code)

(Parent/Guardian Signature) (Date)

THIS SECTION TO BE COMPLETED BY THE SCHOOL OFFICE:

Date of Enrollment: _____ Classroom Teacher: _____ Case Manager: _____

*Please send copies of this form to: (1) Special Education Office (2) student's Special Education Case Manager
*Please send copies of all confidential records to the Special Education Office as soon as possible

Parent Signature: _____ **Date:** _____