

# PowerSchool Registration Form

Date: \_\_\_\_\_  
 Grade: \_\_\_\_\_  
 Teacher: \_\_\_\_\_  
 ID #: \_\_\_\_\_  
 Enrollment Code: \_\_\_\_\_



### STUDENT Information

Please list student's name as it is on the birth certificate.

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Country of Birth \_\_\_\_\_

Do you identify as Hispanic or Latino ethnicity? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Race --- Check at least one!!!**

\_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Asian \_\_\_\_\_ Native Hawaiian/Pacific Islander

#### *Physical Address*

House#/Street Name \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Home/ Cell Phone Number \_\_\_\_\_

#### *Mailing Address*

Same as Physical \_\_\_\_\_ Yes \_\_\_\_\_ No  
 PO Box \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

### PARENT/GUARDIAN Information

Child lives with \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Guardian Parent in Military \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Custody of child \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Guardian Branch of service \_\_\_\_\_

**School must have a copy of legal custody papers on file.** (If applicable)

Mother's Name _____	Father's Name _____
Address _____	Address _____
House Phone _____	House Phone _____
Cell Phone _____	Cell Phone _____
Workplace _____	Workplace _____
Work Phone _____	Work Phone _____
Educational Level _____	Educational Level _____
Migrant Worker _____	Migrant Worker _____
Email _____	Email _____

#### *GUARDIAN*

Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Cell \_\_\_\_\_  
 Workplace \_\_\_\_\_ Work Phone \_\_\_\_\_

**EMERGENCY CONTACTS**

**Please list people we can contact if we cannot contact you. They need to be able to pick-up students in case of an emergency.**

Name _____	Name _____
Relationship _____	Relationship _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____

**MEDICAL**

Doctor _____	Phone _____
Dentist _____	Phone _____
Any Health Issues _____	Allergies _____
Medications _____	

**SPECIAL NEEDS**

Special Needs: Does your child have an IEP (Individualized Education Plan) \_\_\_\_\_ Yes \_\_\_\_\_ No

504 Accommodation Plan \_\_\_\_\_ Yes \_\_\_\_\_ No

PEP (Personalized Education Plan) \_\_\_\_\_ Yes \_\_\_\_\_ No

Other \_\_\_\_\_

**SIBLINGS**

Name _____	Grade _____	School _____
Name _____	Grade _____	School _____
Name _____	Grade _____	School _____

Car Rider _____ AM	Day Care Van _____ AM	Bus Rider _____ AM
_____ PM	_____ PM	_____ PM

Name of the last school this student attended? \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

- Has this student ever attended a Duplin County Public school prior to this admission? \_\_\_\_\_ Yes \_\_\_\_\_ No
- If yes, please list the name of the school(s) \_\_\_\_\_
- Has this student ever attended a North Carolina Public school prior to this admission? \_\_\_\_\_ Yes \_\_\_\_\_ No
- If yes, please list the name of the school(s) \_\_\_\_\_

I certify that all the above information is correct and complete to the best of my knowledge.

_____	_____
Signature	Date