



Student Registration Form
(Must be completed for all students new to TCPS or transferring schools within TCPS)

Student Information

Student Name (First, Middle, Last)			
DOB		Place of Birth (city, state)	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-Binary
Street Address			
Mailing Address (if different from street address)			
City/State/Zip			
Primary Phone #			
Primary Language of Student			
Primary Language in Home			
With Whom Does Child Reside?			

Is McKinney-Vento applicable? Yes No If yes, is student unaccompanied youth? Yes No

Is student in Informal Kinship Care? Yes No
*****If yes to either of the above, the appropriate affidavit must be completed and immediately sent to Student Services*****

Is the student in foster care? Yes No
*****If yes, the Agency Placement Form must be completed and immediately sent to Student Services*****

Is student military-connected? Yes No (Student's parent/guardian is on active duty, in National Guard, or in the Reserve components of the United States Military Services)

Does student have a 504 plan? Yes No Does student have an IEP? Yes No

Prior School Information

Name of Last School Attended (Include County/State)	
Contact Person/Phone #	
Last Date of Attendance & Most recent Grade Level	

Parent/Guardian Information

<input type="checkbox"/> Parent # 1		<input type="checkbox"/> Parent # 2	
<input type="checkbox"/> Guardian # 1		<input type="checkbox"/> Guardian # 2	
Name (First, Last)		Name (First, Last)	
Street Address		Street Address	
Mailing Address		Mailing Address	
City/State/Zip		City/State/Zip	
Primary Phone #		Primary Phone #	
Work Phone #		Work Phone #	
Employer		Employer	
Email		Email	
If address is different from student, should this person receive student information? <input type="checkbox"/> Yes <input type="checkbox"/> No		If address is different from student, should this person receive student information? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Adult Living at Student's Residence (Name/Relationship)			



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Non-Custodial Parent/Legal Guardian Information

If applicable, please list the name and address of the non-custodial parent/legal guardian who should receive student information:

Emergency Contacts

Name	Relationship	Phone 1	Phone 2
Doctor Name/Phone:		Dentist Name/Phone:	

Health Information

List medications taken regularly <input type="checkbox"/> at home <input type="checkbox"/> at school	
List any life-threatening allergies	

Sibling Information (if applicable)

Name	DOB

Daycare Information (if applicable)

Name of Provider	
Address of Provider (Street/City/State/Zip)	
Does student attend <input type="checkbox"/> AM <input type="checkbox"/> PM	

Disclaimer

Student, _____, has been enrolled on the basis of the information provided by the parent/guardian.

Parent/Guardian signature & date: _____

School Official signature & date: _____

******For School Use Only******

Local ID #:	Assigned School:	Enrollment Date:
SS#:	School Attending:	Enrollment Code:
Lunch #:	Out of Area <input type="checkbox"/> Yes <input type="checkbox"/> No	Enrollment Grade:

Number of service learning hours to date: _____

Has student ever been home-schooled: Yes No If yes, in what grade(s)? _____

Student is a Walker Car Rider Bus Rider

If a Bus Rider, AM Bus #/pick-up location: _____

PM Bus #/drop-off location: _____