

LENAPE REGIONAL HIGH SCHOOL DISTRICT

Registration Form

STUDENT

Name: \_\_\_\_\_
(Last) (First) (Full Middle) (Suffix)
Nickname (if applicable): \_\_\_\_\_
Address: \_\_\_\_\_
(City) (State) (Zip)
Home Telephone #: \_\_\_\_\_

Grade: \_\_\_\_\_ Male Female Non-Binary
Date of Birth: \_\_\_\_\_
City/State of Birth: \_\_\_\_\_
Country of Birth: \_\_\_\_\_
If student was not born in any State, District of Columbia, or Puerto Rico, then please indicate First Day in U.S. School: \_\_\_\_\_

GUARDIAN 1

Name: \_\_\_\_\_
(Last) (First)
Address if different from Student: \_\_\_\_\_
(City) (State) (Zip)
Occupation: \_\_\_\_\_

Relation to student: \_\_\_\_\_
Home Phone: \_\_\_\_\_
Work Phone: \_\_\_\_\_
Cell Phone: \_\_\_\_\_
Email address: \_\_\_\_\_
Employer: \_\_\_\_\_

GUARDIAN 2

Name: \_\_\_\_\_
(Last) (First)
Address if different from Student: \_\_\_\_\_
(City) (State) (Zip)
Occupation: \_\_\_\_\_

Relation to student: \_\_\_\_\_
Home Phone: \_\_\_\_\_
Work Phone: \_\_\_\_\_
Cell Phone: \_\_\_\_\_
Email address: \_\_\_\_\_
Employer: \_\_\_\_\_

GUARDIAN 3

Name: \_\_\_\_\_
(Last) (First)
Address if different from Student: \_\_\_\_\_
(City) (State) (Zip)
Occupation: \_\_\_\_\_

Relation to student: \_\_\_\_\_
Home Phone: \_\_\_\_\_
Work Phone: \_\_\_\_\_
Cell Phone: \_\_\_\_\_
Email address: \_\_\_\_\_
Employer: \_\_\_\_\_

FAMILY

Parent(s): Together Separated Divorced Remarried Single Father Deceased Mother Deceased
Student resides with: Father Mother Stepfather Stepmother
Other (explain relationship) \_\_\_\_\_

Table with 4 columns: Names of Other Children (Oldest to Youngest), Date of Birth (Month/Day/Year), Place of Birth, Name of School/Grade Attended

Year of H.S. Graduation: \_\_\_\_\_ Year Entered H.S.: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Ethnicity:       Non-Hispanic or Latino       Hispanic or Latino

- Race:  White  
 Black or African American  
 American Indian or Alaska Native  
 Asian  
 Native Hawaiian or Other Pacific Islander

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**PREVIOUS SCHOOL**

Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ Type:  Public    Private    Home Schooled  
Phone: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Country if not U.S.: \_\_\_\_\_

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Do you have a court order stating any persons are not permitted to pick up your student from school?  No    Yes  
If yes, please supply a copy of the court order (Person's name: \_\_\_\_\_)  
and please explain: \_\_\_\_\_  
\_\_\_\_\_

<b>Home Language Survey Form</b>	
1. What was the first language used by the student?	
<input type="checkbox"/> A language other than English	<input type="checkbox"/> English
2. At home, does the student hear or use a language other than English more than half of the time?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the student understand a language other than English?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>(If your answer to #1 is English, #2 is No and #3 is No, you have completed this portion and may move on to page 3)</b>	
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4. When interacting with his/her parents or guardians, does the student use a language other than English more than half of the time?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. When interacting with caregivers other than their parent or guardians, does the student use a language other than English more than half of the time?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Has the student recently moved from another school district/charter school where he/she was identified as an English language learner?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. What are the home languages spoken? (Only answer if answers to #2 & #4 were Yes)	
<div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>	

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Has your student participated in or been recommended for a Gifted/Talented Program?  No  Yes

Has your student repeated a grade?  No  Yes

Does your student currently have an IEP or 504 Plan or receive specialized school program/related services?  No  Yes  
If Yes:

Has your student received Speech Therapy?  No  Yes; Occupational Therapy?  No  Yes; Physical Therapy?  No  Yes

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Is the student who is registering a dependent of a Lenape Regional High School District employee?  No  Yes

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**“I hereby authorize the Lenape Regional High School District to investigate and confirm any and all statements made by me on this form. I am aware that, if any statements on this registration form concerning residency are false, I may be assessed the tuition for the aforementioned student and prosecuted to the full extent of the law.”**

Parent/Guardian Name: (please print) \_\_\_\_\_

Parent/Guardian Signature: (please sign in ink) \_\_\_\_\_

Date: \_\_\_\_\_

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**SCHOOL USE ONLY**

Student ID #: \_\_\_\_\_  Birth Certificate  Shot Record  Physical  Proof of Residency  
Court Order Regarding Custody:  No  Yes If Yes:  Main Office  Counseling Center

Revised: 10/19