



## Garfield Public School District Final Registration Form

*Official Use Only:* Registration Date: \_\_\_\_\_ School: \_\_\_\_\_

STUDENT INFORMATION				
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Date of Birth:</b>	<b>Gender:</b> __Male __Female
<b>Race/Ethnic:</b> __White __Black __Hispanic or Latino __Black __Asian __Pacific Islander/Hawaiian				
<b>Birth Country:</b>		<b>Birth City:</b>		<b>Birth State:</b>
<b>Home Language:</b>			<b>Native Language:</b>	
<b>Language Spoken at Home:</b>				
<b>USA Entry Date:</b> (unless born in USA)			<b>Date First Enrolled in USA School:</b> (unless born in USA)	
<b>Student Address:</b>			<b>Student resides with:</b> __Both Parents __Mother __Father __Guardian __Other	
<b>Student Telephone #:</b>			<b>Age:</b>	<b>Grade:</b>
___Check here if English is spoken & understood by student  ___Check here if English is spoken & understood by parent/guardian			<b>Student's Prior School Name &amp; Address:</b>	
<b>Official Use Only</b> Transfer Care Presented: ___Yes __No __N/A Initial Enrollment			<b>Please List:</b> <b>Any Grade Repeated:</b> <b>Special Program Needs</b> (Special Education, English as a Second Language (ESL), Basic Skills, Speech, etc) Please describe:	
<b>Please list other special considerations (e.g. custody, adoption, restraining order, allergies, medical etc.)</b>				
<b>Military Connected:</b> __Not Military Connected __Active Duty __National Guard or Reserve				

SIBLINGS INFORMATION		
<b>Full Name:</b>	<b>Age:</b>	<b>Grade:</b>
<b>Full Name:</b>	<b>Age:</b>	<b>Grade:</b>
<b>Full Name:</b>	<b>Age:</b>	<b>Grade:</b>
<b>Full Name:</b>	<b>Age:</b>	<b>Grade:</b>
<b>Full Name:</b>	<b>Age:</b>	<b>Grade:</b>

**PARENT/GUARDIAN INFORMATION**

<b>Mother/Guardian Name:</b>	<b>Father/Guardian Name:</b>
<b>Relationship to student:</b>	<b>Relationship to student:</b>
<b>Mother/Guardian Address:</b>	<b>Father/Guardian Address:</b>
<b>Home Telephone #:</b>	<b>Home Telephone #:</b>
<b>Cell Phone #:</b>	<b>Cell Phone #:</b>
<b>Work #:</b>	<b>Work #:</b>
<b>E-Mail:</b>	<b>E-Mail:</b>

***Domicile/Permanent Residence:*** Complete this section if the student is living with a parent/guardian whose permanent home is the address given on the front of this form and is located in the district.

How long have you lived in this home? \_\_\_\_\_

Do you have any present intention of moving from this home: \_\_\_No \_\_\_Yes

If yes, when and to where? \_\_\_\_\_

Do you have residence elsewhere? \_\_\_No \_\_\_Yes

If yes, where are they and when do you live there? \_\_\_\_\_

**Documentation of Residency**

All parents/guardians **MUST** provide copies of current documents as proof of residence in the Garfield City. Documents are required to clearly indicate the names and addresses provided for registration of students. **Individuals MUST provide their Dwelling Certificate issued by the City of Garfield Fire Official along with one(1) document from Category A and three (3) documents from Category B within 30 days.**

<b>Category A</b>	<b>Category B- Three (3) documents</b>
<input type="checkbox"/> Mortgage document of payment book <input type="checkbox"/> Property tax bill <input type="checkbox"/> Recorded deed <input type="checkbox"/> Notarized signed lease <input type="checkbox"/> Notarized Landlord Affidavit (renter) <input type="checkbox"/> Notarized Residency Verification (owner; tenant)	<input type="checkbox"/> Bank statement (block out figures) <input type="checkbox"/> Cable bill <input type="checkbox"/> Credit card statement <input type="checkbox"/> Telephone bill <input type="checkbox"/> Electric/Gas bill <input type="checkbox"/> Paycheck stub (name & address visible) <input type="checkbox"/> Water/Sewer bill

*\*Only fill in the below information, if the student's parents are domiciled (permanent residents) in different districts, regardless of which parent has custody.*

Is there a court order or written agreement between the parents designating the district for the school attendance, and if so, where does it require the student to attend school? (you will be asked to provide a copy of this document) \_\_\_\_\_

Does the student reside with one parent for the entire year? If so, with which parent and at what address?

\_\_\_\_\_

If not, for what portion of time does the student reside with each parent and at what address?

\_\_\_\_\_

**For Guardians Only**

Guardians must provide proof of legal guardian ship by providing a copy of Court orders, State agency agreements, or other evidence of court or agency placements or directives. OR Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, legal guardian, person keeping an "affidavit student," person(s) with whom a family is living, or others as appropriate.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>OFFICIAL USE ONLY</b>	
<b>Preschool Registration Documents</b>	<b>K-12 Registration Documents</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Student Registration Form</li> <li><input type="checkbox"/> *School Certification of Immunization Record</li> <li><input type="checkbox"/> *Universal Child Health Record</li> <li><input type="checkbox"/> Student Birth Certificate/Passport (must be original and translated into English)</li> <li><input type="checkbox"/> Garfield Preschool Programs</li> <li><input type="checkbox"/> Preschool Survey</li> <li><input type="checkbox"/> Preschool Registration/Placement</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Student Registration Form</li> <li><input type="checkbox"/> Registration Statement/Parent Affidavit</li> <li><input type="checkbox"/> *School Certification of Immunization Record</li> <li><input type="checkbox"/> *Universal Child Health Record</li> <li><input type="checkbox"/> Student Transfer Card/School Records/IEP</li> <li><input type="checkbox"/> Student Birth Certificate/Passport (must be original and translated into English)</li> </ul>
<p><b>Additional Information:</b></p>   	