

Date _____

SUMMERVILLE HIGH SCHOOL REGISTRATION FORM 2024-2025

Entry Date _____

FROM: SUHS ISP LBHS MHS SFHS CSHS CONNECTIONS OTHER (Circle One)

DOES STUDENT HAVE AN IEP OR 504?

TO: SUHS ISP LBHS MHS SFHS CSHS CONNECTIONS OTHER (Circle One)

IEP 504 (Please Circle One)

STUDENT'S LAST NAME	STUDENT'S FIRST NAME	MIDDLE NAME	OTHER LAST NAMES USED	GRADE	GENDER MALE FEMALE	DATE OF BIRTH	PLACE OF BIRTH (CITY/ST)
STUDENT'S MAILING ADDRESS			CITY/STATE		ZIP	STUDENT'S HOME PHONE	
RESIDENCE ADDRESS, IF DIFFERENT FROM MAILING			CITY/STATE		ZIP		
FATHER'S NAME LAST/FIRST		STUDENT LIVES WITH FATHER? YES NO	HOME PHONE	CELL#	EMAIL ADDRESS	DOES FATHER RECEIVES SCHOOL INFO? YES NO	
IS MAILING ADDRESS SAME AS STUDENT'S YES NO (IF NO, PLEASE LIST BELOW)					EMPLOYER	WORK PHONE/EXT	
MOTHER'S NAME LAST/FIRST		STUDENT LIVES WITH MOTHER? YES NO	HOME PHONE	CELL#	EMAIL ADDRESS	DOES MOTHER RECEIVES SCHOOL INFO? YES NO	
IS MAILING ADDRESS SAME AS STUDENTS YES NO (IF NO, PLEASE LIST BELOW)					EMPLOYER	WORK PHONE/EXT	
STUDENT'S STEPFATHER/GUARDIAN	MAILING ADDRESS		HOME PHONE	WORK PHONE/CELL#	EMAIL ADDRESS	RECEIVES COPY OF SCHOOL INFO? YES NO	
STUDENT'S STEPMOTHER/GUARDIAN	MAILING ADDRESS		HOME PHONE	WORK PHONE/CELL#	EMAIL ADDRESS	RECEIVES COPY OF SCHOOL INFO? YES NO	
HIGHEST LEVEL OF EDUCATION-FATHER		NOT A HS GRAD	HS GRAD	SOME COLLEGE	COLLEGE GRADUATE	GRADUATE SCHOOL/POST GRADUATE	(Please Circle One)
HIGHEST LEVEL OF EDUCATION-MOTHER		NOT A HS GRAD	HS GRAD	SOME COLLEGE	COLLEGE GRADUATE	GRADUATE SCHOOL/POST GRADUATE	(Please Circle One)
OTHER CHILDREN OF FAMILY NAME	DOB	RELATIONSHIP TO STUDENT		LIVES AT HOME: YES NO		SCHOOL ATTENDING	
				YES NO			
				YES NO			
				YES NO			

ETHNIC LIST - PLEASE NOTE - ONE OF THE FOLLOWING MUST BE MARKED- PLEASE CIRCLE ONE ONLY!

HISPANIC OR LATINO NOT HISPANIC OR LATINO (PLEASE CIRCLE ONE)

PLEASE CIRCLE BELOW

AMERICAN INDIAN/ALASKAN NATIVE FILIPINO HISPANIC

ASIAN - PLEASE CIRCLE BELOW

CHINESE JAPANESE KOREAN VIETNAMESE

PACIFIC ISLANDER - PLEASE CIRCLE BELOW

HAWAIIAN GUAMANIAN SAMOAN

BLACK (NOT OF HISPANIC ORIGIN) WHITE (NOT OF HISPANIC ORIGIN)

ASIAN INDIAN LAOTIAN
CAMBODIAN HMONG OTHER ASIAN

TAHITIAN OTHER PACIFIC ISLANDER

HOME LANGUAGE SURVEY - ANSWER ALL THREE

STUDENT FIRST BEGAN TO SPEAK WHICH LANGUAGE:

AT HOME, STUDENT MOST FREQUENTLY SPEAKS:

LANGUAGE YOU SPEAK TO STUDENT:

EMERGENCY CONTACT: _____ / _____ / _____

NAME (LOCAL CONTACT)

PHONE NUMBER

RELATIONSHIP TO STUDENT

CSIS # _____

- | | | |
|--|-----|----|
| ARE YOU IN TRANSITION, LIVING IN A SHELTER, OR OTHER NONPERMANENT RESIDENCE? | YES | NO |
| ARE EITHER PARENT AN ACTIVE ARMED FORCES MEMBER? | YES | NO |
| ARE THERE ANY EXISTING COURT ORDERS INVOLVING STUDENT? | YES | NO |
| DID STUDENT PREVIOUSLY ATTEND SUMMERVILLE HIGH? | YES | NO |
| IS THERE A CURRENT EXPULSION ORDER ON STUDENT? | YES | NO |
| DOES STUDENT HAVE A CURRENT IEP OR 504? (PLEASE CIRCLE WHICH SERVICE PLAN) | YES | NO |

IF YES, YOU MUST ATTACH A COPY OF THE MOST RECENT IEP/504

NAME AND ADDRESS OF LAST SCHOOL ATTENDED
