

**GRAND VALLEY LOCAL SCHOOLS**

**STUDENT REGISTRATION FORM**

CHILD'S LEGAL NAME:

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

Address \_\_\_\_\_

Native Language \_\_\_\_\_ (First language of the student) City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Language \_\_\_\_\_ (Main language spoken at home by the student)

Gender \_\_\_\_\_ M \_\_\_\_\_ F Telephone Number ( ) \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Grade Entering \_\_\_\_\_ School \_\_\_\_\_ Admission Date \_\_\_\_\_  
(GVHS, GVMS, GVES)

Previous School \_\_\_\_\_ Has student attended this district before? Y \_\_\_ N \_\_\_

Does your child have an IEP? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you aware of any special needs your child may have? \_\_\_\_\_

PARENTS/GUARDIAN:

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Address \_\_\_\_\_

CHILD RESIDES WITH:

\_\_\_\_ Birth/Adoptive Parents      \_\_\_\_\_ Natural Mother & Stepfather  
\_\_\_\_ Birth/Adoptive Father      \_\_\_\_\_ Grandparents  
\_\_\_\_ Birth/Adoptive Mother      \_\_\_\_\_ Foster Family  
\_\_\_\_ Natural Father & Stepmother      \_\_\_\_\_ Other (Please Explain) \_\_\_\_\_

CUSTODY/GUARDIANSHIP:

\_\_\_\_ Birth/Adoptive Mother      \_\_\_\_\_ Parents Separated  
\_\_\_\_ Birth/Adoptive Father      \_\_\_\_\_ Parents Divorced  
\_\_\_\_ Shared Custody      \_\_\_\_\_ Father Deceased  
\_\_\_\_ Friends/Relatives      \_\_\_\_\_ Mother Deceased  
Other (Please Explain) \_\_\_\_\_

(If Applicable) In Kindergarten, did your child attend \_\_\_\_ full week \_\_\_\_ half week?

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

# GRAND VALLEY LOCAL SCHOOL DISTRICT ETHNICITY QUESTIONNAIRE

Student Name \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*School Districts must collect Race/Ethnicity information by using the two part question found below. This is required by the United States Department of Education.*

## Part 1: ETHNICITY

Is the student **Hispanic/Latino** (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Regardless of whether your answer is Yes or No to Part 1, you must select 1 or more racial groups in Part 2.**

## Part 2: RACIAL GROUP

Is the student from one or more of the following racial groups (check all that apply):

\_\_\_\_\_ **(W) White**

A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

\_\_\_\_\_ **(B) Black or African American**

A person having origins in any of the black racial groups of Africa.

\_\_\_\_\_ **(A) Asian**

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

\_\_\_\_\_ **(I) American Indian or Alaskan Native**

A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

\_\_\_\_\_ **(P) Native Hawaiian or Other Pacific Islander**

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_\_\_ **PARENT OR GUARDIAN REFUSES TO LIST CHILD'S ETHNICITY AND RACIAL GROUP**

I, (parent or guardian) refuse to designate the ethnicity of my child and understand that the school district is required by the United States Department of Education to determine the ethnicity of my child based on their observation of the student.

Parent or Guardian Name \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

<p><b>FOR SCHOOL USE (ONLY WHEN PARENT REFUSES TO LIST CHILD'S ETHNICITY AND RACIAL GROUP)</b></p> <p>School District's determination of child's ethnicity based on observation:</p> <p>Hispanic/Latino ____ Yes    ____ No</p> <p>Race:    ____ White           ____ Black or African           ____ Asian           ____ American Indian or Alaskan Native ____ Native Hawaiian or Other Pacific Islander</p> <p>Name of School District employee determining child's ethnicity (PLEASE PRINT)</p>
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