

Bureau Valley CUSD 340 Registration Form

Please complete both the front and back side of this form

Student Data

First Name:	Middle Name:	Last Name:
Student Preferred Name:	Grade Level:	Birth Date:
Birth Place:	Gender:	Primary Home Language:
Birth Cert:	County of Residence:	Doctor Name:
Doctor Phone:	General Alerts:	Ethnicity (Please check one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race (Please check all applicable) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	Physical Address 1:	Mailing Address:
Home Phone:	Cell Phone:	Lives With:
IDEA Services:	Student Email Address:	Deployed Parent/Guardian?:

Contact Data

Name:	Contact Relationship:	Contact Custodial Status:
Address:	Home Phone:	Cell Phone:
Employer:	Work Phone:	Can Pick Up Student?:
Email Address:		

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Employer:	Work Phone:	Can Pick Up Student?:
Email Address:		

PLEASE CIRCLE THE CONTACT(S) THAT SHOULD RECEIVE CALLS FROM THE EMERGENCY CALLING SYSTEM

(Please complete Page 2)

Has your child received Special Education services, including Speech, in the past? YES NO YES, but only for Speech services

Does your child have a current IEP (Individualized Education Plan)?
 YES NO YES, but only for Speech services

Will Student Need *RURAL* Bus Transportation?
 Yes No

Please list any other children in your household below

Last Name	First Name	Middle Initial	Date of Birth	Grade Level (if school age)
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Last Name	First Name	Middle Initial	Date of Birth	Grade Level (if school age)
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