

# BANGOR SCHOOL DEPARTMENT

## Student Registration Form

Has the child ever been enrolled in Bangor public schools?  
No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, what school(s) and grade(s) \_\_\_\_\_  
\_\_\_\_\_

FOR SCHOOL USE:  
\_\_\_\_\_ Student ID  
\_\_\_\_\_ Birth Certificate Certified By  
\_\_\_\_\_ Grade/Teacher Code

**Student Name:** \_\_\_\_\_  
**Student Nickname:** \_\_\_\_\_

	Last		First		Middle		Suffix
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**Date of Birth (MO/DA/YR)** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:** Male\_\_\_\_ Female\_\_\_\_

FOR SCHOOL USE ONLY: Parent Information as listed on student's birth certificate

Parent 1 Full Name: \_\_\_\_\_

Parent 2 Full Name: \_\_\_\_\_

**\*A parent or guardian is defined as a person who looks after and is legally responsible for the student being registered.\***

With whom does the child reside? (Circle all that apply)     Both parents     Parent 1     Parent 2

Guardian     Stepparent     Other: \_\_\_\_\_

Is child a state ward? (Circle)     Yes     No

Status of parents: (Circle)     Married     Separated     Divorced     Deceased     Other: \_\_\_\_\_

Primary Household Information: (Student's Primary Residence)

Primary Language Spoken at Home:     English \_\_\_\_\_     Other \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing address if different: \_\_\_\_\_

1. Parent/Guardian's Name: \_\_\_\_\_     Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Student: \_\_\_\_\_     Home Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_     Cell: ( \_\_\_\_ ) \_\_\_\_\_

Place of Employment: \_\_\_\_\_     Work #: \_\_\_\_\_

2. Parent/Guardian's Name: \_\_\_\_\_     Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Student: \_\_\_\_\_     Home Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_     Cell: ( \_\_\_\_ ) \_\_\_\_\_

Place of Employment: \_\_\_\_\_     Work #: \_\_\_\_\_

Secondary Household Information: (Student's Secondary Residence)

Primary Language Spoken at Home: English \_\_\_\_\_ Other \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing address if different: \_\_\_\_\_

1. Parent/Guardian's Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Student: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work #: \_\_\_\_\_

2. Parent/Guardian's Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Student: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work #: \_\_\_\_\_

Siblings (relationship: brother, sister, stepbrother, stepsister, etc.). If enrolled in Bangor Schools please indicate grade and school.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Alert System (In the event of a school emergency announcement)

Up to 3 telephone numbers including area code and 2 email addresses may receive notifications.

#1 Parent/Guardian Tel/Cell \_\_\_\_\_ # 1 Email \_\_\_\_\_

#2 Parent/Guardian Tel/Cell \_\_\_\_\_ # 2 Email \_\_\_\_\_

#3 Other Tel/Cell \_\_\_\_\_

Daycare Provider: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Optional: Parents are not required to provide this military family information.

Are one or both of this student's parents on full-time duty status in the active uniformed service of the United States (including members of the National Guard and Reserve on active duty orders), or within one year of medical discharge or retirement from those uniformed services? Yes \_\_\_\_ No \_\_\_\_

**Student Release Authorization:**

In the event the school is unable to contact the parent or legal guardian, I authorize my child to be released to the person(s) below.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Contacts Not Living in Household**

Contact 1 Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work # \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact 2 Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work # \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

School student last attended: \_\_\_\_\_ Grade \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Length of time at that school: \_\_\_\_\_

Did student receive any of the following services?

Special Education/IEP \_\_\_\_\_ 504 \_\_\_\_\_ Gifted and Talented Program \_\_\_\_\_ Title I \_\_\_\_\_ ELL \_\_\_\_\_

Has your child received Child Development Services (CDS)? Yes \_\_\_\_\_ No \_\_\_\_\_

**Has your child ever been suspended/expelled for a weapons, drugs, bullying or violence violation?**

Yes \_\_\_\_\_ No \_\_\_\_\_

Check Only One

English Proficiency:

\_\_\_\_ Native English speaker

\_\_\_\_ Bilingual-never LEP

\_\_\_\_ Limited English proficient

\_\_\_\_ Transitioned back to LEP

\_\_\_\_ Former LEP

\_\_\_\_ Status unknown

Check Only One

Lunch Qualification

\_\_\_\_ Free lunch

\_\_\_\_ Reduced lunch

\_\_\_\_ Full price lunch

\_\_\_\_ Not sure

Check All That Apply

\_\_\_\_ Am. Indian/Alaska Native

\_\_\_\_ Asian

\_\_\_\_ Black/African American

\_\_\_\_ Hawaiian/Pacific Islander

\_\_\_\_ Hispanic

\_\_\_\_ White

Check All That Apply

This child is:

\_\_\_\_ Migrant

\_\_\_\_ Homeless

\_\_\_\_ State ward/foster care

\_\_\_\_ Lives in a group home

Medical Information:

Allergies: \_\_\_\_\_

Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Pediatrician/physician's name, phone, and address: \_\_\_\_\_

Emergency Medical Authorization:

If the parents or legal guardian on this registration record cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, I authorize and direct the school authorities to send the student (properly accompanied) to the hospital or doctor most easily accessible. I understand I will assume full responsibility for the payment of any services rendered.

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

Media Release

During the school year, to communicate students' accomplishments, student photos and student names are posted on the Bangor School Department website. Additionally, local media outlets including newspapers and television networks recognize students for their contributions to school events and performances as well as for achievement.

Are you willing to authorize the Bangor School Department to have your child's photo and name released to the media, electronic, and print, including the Bangor School Department website?

Yes \_\_\_\_\_ No \_\_\_\_\_

Field Trips

During the year, there are times when the teachers take students on short trips in the Bangor area to get first-hand experience in community enterprises, in nature study, or to see other things of educational interest. Are you willing to have your child take part in these field trips conducted by the teacher and approved by the principal?

Yes \_\_\_\_\_ No \_\_\_\_\_

- If parents are divorced, a copy of the court order regarding custody must be attached.
- If a custodial parent/guardian wishes the Bangor School Department to comply with the provisions of a court order restricting access to a child, a certified copy of the court order must be attached.
- If the student lives in Bangor with a legal guardian who is not a parent, a certified copy of the court order appointing the guardian must be attached.
- If the student is an emancipated minor, a certified copy of the court order must be attached.
- If the student is homeless, he/she should discuss his/her situation with the Principal or designee.
- If there is a restraining order in effect, a certified copy of the order must be on file with the school for enforcement.

\_\_\_\_\_  
Print name (parent/guardian)

\_\_\_\_\_  
Sign name (parent/guardian)

\_\_\_\_\_  
Date