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|--|--|
| Enrolling in Grade _____ Has the child ever been enrolled in Bangor public schools? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, what school(s) and grade(s) _____ | <b>Transportation:</b><br>Bus <input type="checkbox"/> Pick-up <input type="checkbox"/> Walk <input type="checkbox"/><br>Other _____ |
|--|--|

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

Last                      First                      Middle                      Suffix

Student nickname or preferred name: \_\_\_\_\_

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 the 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/guardians are not required to provide this military family information. Are one or both of the student's parents/guardians currently (check all that apply):

- 1.  Not connected to the United States Military
- 2.  Active Duty in the U.S. Army, Navy, Air Force, Marines, U.S. Coast Guard
- 3.  Full Time National Guard
- 4.  Part-time National Guard or Reserve
- 5.  Veteran

**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 Contact Not Living in Household**

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

Primary Language Spoken at Home: English  Other: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

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

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

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

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

Primary Language Spoken at Home: English  Other: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

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 the student receive any of the following services?

Special Education / IEP  504  Gifted and Talented Program  Title I  Multilingual

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

**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
- Two or more races
- White

**Check All That Apply**

- This child is:
- Migrant
- Homeless
- State ward/foster care
- Living in group home

**Medical Information:**

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

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

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

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

**Emergency Medical Authorization:**

If the parents or legal guardians 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’s 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

**Guardianship, Custody, Emancipation Documents**

- 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/they should discuss his/her/their situation with the School 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