

Parent Signature _____

Date _____

CARLISLE COMMUNITY SCHOOL

2009 - 2010 STUDENT INFORMATION/REGISTRATION FORM

LEGAL NAME OF STUDENT:

Grade _____

Last Name: _____ First Name: _____ Middle Name: _____

Preferred Name _____ Sex _____ Birth date _____ Cell Phone _____

Mother's Information: Name _____

Student Lives with Mother

Address _____ City _____ State _____ Zip _____

Mailing Address (if different from above address) _____

County _____ Home Phone _____

Cell Phone _____ Email Address _____

Work Phone _____ Place of Work _____

Father's Information: Name _____

Student Lives with Father

Address _____ City _____ State _____ Zip _____

Mailing Address (if different from above address) _____

County _____ Home Phone _____

Cell Phone _____ Email Address _____

Work Phone _____ Place of Work _____

Mark here to request information mailed to both mother and father if mailing addresses are different.

If the primary and secondary contacts cannot be reached, whom should we contact?

Name	Relationship to Student	Daytime Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

School Age Brothers & Sisters Living at Home:

Name _____ Grade _____ Age _____

Name _____ Grade _____ Age _____

Name _____ Grade _____ Age _____

Name _____ Grade _____ Age _____

Textbook Rental Fees:

Kind. Prep	\$20.00
Kind -Grade 5	\$40.00
Grades 6-8	\$60.00
Grades 9-12	\$70.00

Daily Lunch Costs:

Breakfast	\$1.15
Lunch	\$1.60
Milk	\$0.30
(extra milk/classroom milk, K-3)	

IMPORTANT - PLEASE TURN SHEET OVER AND COMPLETE THE BACK SIDE!

It is the policy of the Carlisle Community School District to provide equal educational and employment opportunities, and not to illegally discriminate on the basis of the gender, race, national origin, religion, creed, age, color, marital status, physical attributes, physical or mental ability or disability, ancestry, political party preference, political belief, socioeconomic status or familial status in its programs and activities. Questions or concerns should be addressed to the Affirmative Action Coordinators, Dr. Tom Lane, Superintendent (515) 989-3589 or Diana Whited, (515) 989-0833.

Parent Signature _____

Date _____

CARLISLE COMMUNITY SCHOOL

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Student Name: _____

MEDICAL INFORMATION

Special Medical Conditions _____

Medication Taken Daily _____

Allergies _____

Visual or Hearing Impairments _____

Did your child have an illness, operation or injury within the past year? _____ If yes, please explain. _____

Name of Dentist _____ Phone Number _____

Name of Doctor _____ Phone Number _____

Hospital Preference _____ Health insurance? ___ Yes ___ No Dental insurance? ___ Yes ___ No

This information may be released to teachers and/or staff to ensure the safety and educational well being of your child.

DO WE HAVE YOUR PERMISSION TO CALL A DOCTOR AT YOUR EXPENSE IN CASE OF AN EMERGENCY? (Yes/No) _____

DO WE HAVE YOUR PERMISSION TO CALL A RESCUE AT YOUR EXPENSE IN CASE OF AN EMERGENCY? (Yes/No) _____

Signature of Parent/Guardian _____

Date _____

Please complete the following two questions as requested by the Federal and State Governments:

1. **Is this student Hispanic/Latino? (Choose only one)**

No, not Hispanic/Latino

Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

2. **What is the student's race? (Choose one or more)**

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America [including Central America], and who maintains tribal affiliation or community attachment.)

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.)

Black or African American (A person having origins in any of the black racial groups of Africa.)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

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

Primary Language Spoken in Home _____ Entry Date Into Carlisle Community School _____

Country of Birth if not United States _____ Date Entered the United States _____

Payment (For Central Office Use Only)

Textbook Rental Fee: _____ Lunch Account Money: _____

Total Amount Due: _____ Total Amount Paid: _____ Date of Registration: _____

Type of Payment: Check Number _____ Cash _____ PaySchools _____ Staff Initial _____

Family Lunch ID Number _____

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