

**CARLISLE COMMUNITY SCHOOL
2010 – 2011 STUDENT INFORMATION/REGISTRATION FORM**

LEGAL NAME OF STUDENT:

GRADE: _____

Last Name _____ First Name _____ Middle Name _____

Preferred Name _____ Sex _____ Date of Birth _____ Student's Cell Phone _____

Student's Address: (Where student physically lives the majority of the time.)

Address: _____ City/State/Zip: _____

Home Phone: _____ County: _____

PRIMARY CONTACT INFORMATION

Father/Guardian (Please circle one.)

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Work Phone: _____

Employer: _____

Mother/Guardian (Please circle one.)

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Work Phone: _____

Employer: _____

Mark here to request information mailed to both parents if mailing addresses are different.

SECONDARY CONTACT INFORMATION

Step-Father/Guardian/Other

Name: _____

Relationship: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Work Phone: _____

Employer: _____

Step-Mother/Guardian/Other

Name: _____

Relationship: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Work Phone: _____

Employer: _____

Emergency Contact: (someone other than a parent in case parent can't be reached)

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

School Age Brothers & Sisters that are enrolled in Carlisle School district only:

Name _____ Grade _____ Date of Birth (mm/dd/yyyy) _____

Name _____ Grade _____ Date of Birth (mm/dd/yyyy) _____

Name _____ Grade _____ Date of Birth (mm/dd/yyyy) _____

Ethnicity/Race: (Two Part Question)

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.)

Black or African American

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

White

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

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.)

Native Hawaiian or Other Pacific Islander

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

Does the student receive any of the following special services:

- Talented and Gifted/ELP ELL 504 Plan
 Special Education

Are there any court orders restricting a parent or individual from contacting, seeing or transporting your child?

- Yes No

Does the school have copies of the court orders or any other necessary legal documents?

- Yes No

Parent Signature _____ **Date Form Verified** _____

<p>Instructional Material Fees:</p> <table style="width: 100%;"> <tr> <td style="width: 70%;">Kind. Prep</td> <td style="text-align: right;">\$20.00</td> </tr> <tr> <td>Kind. - Grade 5</td> <td style="text-align: right;">\$40.00</td> </tr> <tr> <td>Grades 6 - 8</td> <td style="text-align: right;">\$60.00</td> </tr> <tr> <td>Grades 9 - 12</td> <td style="text-align: right;">\$70.00</td> </tr> </table>	Kind. Prep	\$20.00	Kind. - Grade 5	\$40.00	Grades 6 - 8	\$60.00	Grades 9 - 12	\$70.00	<p>Student Meal Prices: (Proposed)</p> <table style="width: 100%;"> <tr> <td style="width: 70%;">Breakfast</td> <td style="text-align: right;">\$1.25</td> </tr> <tr> <td>Lunch</td> <td style="text-align: right;">\$1.90</td> </tr> <tr> <td>Milk</td> <td style="text-align: right;">\$0.35</td> </tr> <tr> <td colspan="2" style="text-align: right;">(extra milk/classroom milk, K-2)</td> </tr> </table>	Breakfast	\$1.25	Lunch	\$1.90	Milk	\$0.35	(extra milk/classroom milk, K-2)	
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Payment (For Central Office Use Only)

Instructional Material Fee: _____	Lunch Account Money: _____	
Total Amount Due: _____	Total Amount Paid: _____	Date of Registration: _____
Type of Payment: Check Number _____	Cash _____	PaySchools _____ Staff Initial _____