

DENVER TOWNSHIP SCHOOLS  
Student Registration- Non-Resident Students

PLEASE FILL OUT ALL THREE PAGES OF THIS FORM COMPLETELY

**STUDENT INFORMATION:**

School \_\_\_\_\_  
Date \_\_\_\_\_  
Name \_\_\_\_\_  
Last First Middle Name Generation Code (Jr., Sr.) \_\_\_\_\_  
Gender \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

**(Birth Certificate Is Required)**

**Ethnicity**

Hispanic/Latino/Latinx  Yes  No

**Race: (You MUST select at least one, however, you may select more than one)**

White/Caucasian  Yes  No  
Black/African American  Yes  No  
Asian  Yes  No  
Pacific Islander/Native Hawaiian  Yes  No  
Native American/Indigenous American/Alaskan Native  Yes  No  
Prefer not to indicate

Language, other than English, spoken in the home \_\_\_\_\_

For foreign born students –

- Country of origin \_\_\_\_\_
- Original entry date into the USA \_\_\_\_\_
- Entry date into a school in the USA \_\_\_\_\_

**Child has Individual Education Plan (IEP) or 504 Plan:**  No  Yes, please provide copy

**FAMILY INFORMATION:**

Parent / Legal Guardian's Full Name:	
Address (if different):	
Home Telephone (if different):	
Employer:	Work Telephone:
Cell Telephone:	Email:

Parent / Legal Guardian's Full Name:	
Address (if different): <input type="checkbox"/> check if address is different and should receive correspondence concerning child	
Home Telephone (if different):	
Employer:	Work Telephone:
Cell Telephone	Email:

Stepparent's Name:	Telephone:
Stepparent's Name:	Telephone:

Number of children in household: \_\_\_\_\_

Younger Girls:	Younger Boys:	Older Girls:	Older Boys:
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**If Student does not reside with Parent please provide the following information:**

Name of Legal Guardian \_\_\_\_\_ Legal Document \_\_\_\_\_

Relationship of Guardian (if other than parent) \_\_\_\_\_

Is the student homeless? \_\_\_\_\_

Former Place of Residence: \_\_\_\_\_  
(Street) (Town) (State & Zip)

School Last Attended: \_\_\_\_\_  
(Name of School) (Address of School)

\_\_\_\_\_  
(County of School) (State & Zip of School)

Grade Last Attended \_\_\_\_\_ Dates of attendance \_\_\_\_\_ Promoted to Grade \_\_\_\_\_

**EMERGENCY CONTACT:** Please check with persons named to be certain that they are willing to assume this responsibility and notify the school if you make any changes. **Emergency numbers must be local numbers.**

Name:	Relationship to student:	Telephone:
Name:	Relationship to student:	Telephone:

Does your child have any physical disability that would prevent his/her participation in physical education or after-school sports?

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Optional Information - Please include any additional information that you feel may help us to provide better service for your child.

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State any family circumstances (divorce, separation etc.) and/or custodial arrangements that the school should know. **A COPY OF THE LEGAL DOCUMENTS WHICH ESTABLISHED THESE ARRANGEMENTS MUST BE PROVIDED TO THE SCHOOL.**

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**A child cannot be admitted to school until PROOF OF IMMUNIZATIONS and the Child's HEALTH RECORD is received by the School Nurse.**

Please fill out the Childhood Information Sheet and an Authorization for Release of Records (if applicable) to include with these documents.

I certify that the information I have given is true and correct.

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Signature of Parent / Legal Guardian

Date

For office use only:

Date of Entrance: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID # \_\_\_\_\_

Application Complete- yes/no  
Interview Date \_\_\_\_\_ Result \_\_\_\_\_  
Entrance Test Scores Math: \_\_\_\_\_  
Science: \_\_\_\_\_

Immunizations: complete- yes/no  
Birth certificate: provided- yes/no