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Registration Form

(Office Use Only)

Name: _____
Last First Middle

Parent Email Address: _____

Home Language: ___ English ___ Spanish ___ Other: _____

Is this student (or are you) Hispanic/Latino? (Choose 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)

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's (or your) race to be.

What is the student's (or your) race? (Choose one or more)
___ American Indian or Alaska Native ___ Asian ___ Black or African American ___ White

Mailing Address _____ Own _____
(Street) Rent _____

(City) (State) (Zip)

Phone _____ Age _____ Grade _____ Is English your child's first language? Yes or No
 Unlisted If not, what is your child's first language? _____

Birthdate _____ Birthplace _____
(Month) (Day) (Year) (City) (County) (State)

Natural Parents

Father _____ Phone _____ Deceased _____
Address _____

Occupation _____ Employer _____ Work Phone _____
Cell Phone _____
Phone _____

Mother _____ Phone _____ Deceased _____
Address _____

Occupation _____ Employer _____ Work Phone _____
Cell Phone _____
Phone _____

COPY OF THE COURT DOCUMENT AWARDING CUSTODY WITH A JUDGES SIGNATURE IS REQUIRED

Guardians

Student Name _____

_____ Are Parents ___ Divorced ___ Separated

Is a parent who has custody of student remarried? _____ Yes _____ No

Name of Step-parent _____

Name of Custodial Parent _____

If Student is not living with either natural parent, complete the following:

Student living with _____ (Relationship)

Was placement made by Court Order? Yes _____ No _____ Case # _____

Placing Agency _____ Phone _____

Caseworker _____

Special Education

Does this student receive special education services, have an I.E.P.? Yes _____ No _____

If so, in what area(s) is the student receiving services?

___ Specific Learning Disability ___ Developmentally Handicapped ___ Speech ___ Other

If not, is this student in the process of a Evaluation Team Report (ETR)? Yes _____ No _____

Health

Does this student have any of the following health problems?

___ Eyesight ___ Hearing ___ Speech ___ Heart ___ Allergies ___ Abnormal Fears

___ Other Explain _____

Brothers and/or Sisters

Name	Grade	M/F	Name	Grade	M/F
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Previous School

(Name of last school attended) _____

(Street) (City) (State/Zip) _____

I verify that all information is accurate and that my child fulfills all requirements for attending the Joseph Badger School District

(Parent/Legal Guardian Signature

(Date)

Comments:

Office Use Only

Proof of Residency _____

Are custody papers on file _____ **Yes** _____ **No**

Joseph Badger Local School District

Acceptable Use Policy and Agreement

Student Agreement

I read, understand and agree to abide by the terms of the foregoing Acceptable Use Policy and Agreement. Should I commit any violation or misuse access to the school district's computer network and internet, then access privileges may be revoked and school disciplinary action may be taken.

Student Name (Print clearly)

Phone _____

User signature: _____

Date: _____

As a parent or legal guardian, I read, understand and agree that my child will comply with the terms of the Joseph Badger School District's Acceptable Use Policy and Agreement for the student's access to the district's computer network and internet. I understand that it is impossible for the school to restrict access to all offensive and controversial materials and understand my child's responsibility for abiding by the policy and agreement. I am therefore signing this policy and agreement and confirm to indemnify and hold harmless the Joseph Badger School District and NEOMIN (the I.T.C. that provides the opportunity to the school district for computer network and internet access) against all claims, damages, losses and costs, of whatever kind, that may result from my child's use of his/her access to such networks or his/her violations of the foregoing policy and agreement. **FURTHER, I ACCEPT FULL RESPONSIBILITY FOR SUPERVISION OF MY CHILD'S USE OF THEIR ACCESS ACCOUNT IF AND WHEN SUCH ACCESS IS NOT IN THE SCHOOL SETTING.** I hereby give permission for my child to use the building approved account to access the Joseph Badger School District's computer network and Internet.

I acknowledge the Student Handbook is available on the Joseph Badger School District Website and further understand that it should be reviewed.

Parent/Guardian Name (Please print clearly)

Signature: _____

Date: _____

PROOF OF RESIDENCY
FOR THE
JOSEPH BADGER LOCAL SCHOOL DISTRICT

I have received the notification from the Joseph Badger Local School District regarding 90 day attendance policy.

I understand the terms of the policy and I am willing to abide by this policy.

Signed _____

Date _____

Date 90 Days Expire _____

PROOF OF RESIDENCY
FOR THE
JOSEPH BADGER LOCAL SCHOOL DISTRICT

Dear Parents,

Often families who are purchasing or building a home in the Joseph Badger Local School District want their children to attend our schools so they will not have to be disrupted during the year.

Our policy regarding families who are purchasing or building a new home allows students to attend our schools, tuition free, for 90 calendar days until your home is ready or new construction is complete.

To qualify for this, you must present proof of purchase by presenting a notarized contract from a realtor or contractor and a notarized statement that you intend to reside in said home within 90 calendar days.

If for some reason you cannot move in within the 90 day period, we will review your situation. At that time, you may choose to pay the state mandated tuition until your home is ready and you move in or you may have to withdraw your child and register in the district where you are living if your home will not be completed in reasonable time. Failure to take either action will result in your child's being excluded from further attendance until you move into the district.

We feel it is important that you understand this policy so that there are no misunderstandings and to give you something to present to your realtor or contractor.

Please read and sign the attached sheet.

Sincerely,

Joseph Badger Administrators

Joseph Badger School District

Media Opt-Out Form

(Complete and return this form ONLY if you do NOT give permission for your student to appear in news media or school and district publicity images.)

School events, classroom activities and special programs are sometimes photographed or videotaped by school representatives or local media to post on Web sites or in newsletters or to air on television news or cable programs.

If you do NOT want to have your child(ren) photographed or videotaped for the above purposes, please sign and return this form to your child's school office. This form applies only to the current school year.

Today's Date _____

Student's Full Name _____

School _____

Student's Current Grade Level _____

Teacher's Name (Elementary Only) _____

Parent or Guardian's Name _____

Parent or Guardian's Signature _____