

Full Name: \_\_\_\_\_ M F Age: \_\_\_\_\_  
(circle one)

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_  
(month, date, year) (Copy of Birth Certificate REQUIRED)

Name of Last School Attended: \_\_\_\_\_

Address of Last School Attended : \_\_\_\_\_  
(street) (city) (state) (zip)

Grade level: \_\_\_\_\_ Has student attended Roscoe in the past? \_\_Y \_\_ N If yes, when \_\_\_\_\_  
(school year attended)

Has your child been retained (repeated a grade)? \_\_Y \_\_ N If so, what grade? \_\_\_\_\_

Has your child received: Counseling \_\_\_ Remedial Math \_\_\_ Remedial Reading \_\_\_ Speech \_\_\_  
Other \_\_\_ Please explain \_\_\_\_\_

**CUSTODIAL INFORMATION**

Does child reside with \_\_\_\_\_ both biological parents, \_\_\_\_\_ biological father, \_\_\_\_\_ biological mother,  
\_\_\_\_\_ Mother/Stepfather, \_\_\_\_\_ Father/Stepfather, \_\_\_\_\_ Foster Parents, \_\_\_\_\_ Legal Guardian\*

(\*a copy of all court documents designating transfer of legal guardianship is required)

(FOSTER CHILDREN: Case worker must register child, not foster parents, DSS-299 Form required)

Do the parents share custody\*\*? \_\_\_ Yes \_\_\_ No If no, who is the custodial parent? \_\_\_\_\_

(\*\* a copy of all court documents designating custodial parent is required)

**TRANSPORTATION INFORMATION**

Will the child require regular\* day transportation service? \_\_\_\_\_ Yes \_\_\_\_\_ No

(by checking NO, you understand that in order to change this election, you must notify the district in writing of the change and the effective date of the change) \*regular day transportation service means pick up in the morning and brought to school and returned to the drop off point at the end of the regular school day.

**EMERGENCY CONTACT INFORMATION**

This MUST be a person(s) OTHER THAN the Parent/Guardian who will be able to pick up your child from school or make arrangements for the child.

1.) Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address; \_\_\_\_\_  
(street) (city) (state) (zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2.) Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address; \_\_\_\_\_  
(street) (city) (state) (zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Use these Emergency Contacts for this student and siblings? \_\_\_\_\_ YES \_\_\_\_\_ NO (if yes do not complete for other children)