



Lafayette County School District Registration Form (2017)

Student Information System (SIS)

The top of this form must be completed for all new students and the bottom for returning students in Lafayette County School District (K-12).

For office use only

MSIS #:	_____
School:	_____
New to District:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address Verified:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Entered by:	_____ Date: _____
	MM/DD/YYYY

NEW STUDENT INFORMATION (PLEASE PRINT)

NEW 2017 NEW STUDENT INFORMATION					
The student named below is a 2017 new student to Lafayette County School District.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If answered yes, please fill out all information below.					
Has the student named below ever registered in the Lafayette County School District?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, name the last Lafayette County School attended.					
Previous School Attended (other than Lafayette)	City/State	Last Grade Completed			
			School Withdrawal Date		
			MM	DD	YYYY
Has the student ever been suspended/expelled from school? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please list grade and school year. Grade _____ Year _____					
Has the student ever participated in resource classes? (gifted, special education, speech, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please list _____					
Student's Legal Name		Student's AKA Name (name by which the student is commonly known in the family and community)		Birthdate	
First Name	_____	AKA First Name	_____	MM	DD
Middle Name	_____	Generation (Jr., II, III)	_____		YYYY
Last Name	_____	Social Security Number	_____		
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other _____					
Address			City	Zip Code	
Are there any custody issues? Explain below: <input type="checkbox"/> Yes <input type="checkbox"/> No		Transportation method (please select one) <input type="checkbox"/> Car <input type="checkbox"/> Bus		Early Dismissal Method (please select one) <input type="checkbox"/> Car <input type="checkbox"/> Bus # _____	

RETURNING STUDENT INFORMATION (PLEASE PRINT)

Student's Legal Name		Student's AKA Name (name by which the student is commonly known in the family and community)		Birthdate	
First Name	_____	AKA First Name	_____	MM	DD
Middle Name	_____	Generation (Jr., II, III)	_____		YYYY
Last Name	_____	Social Security Number	_____		
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other _____					
Address			City	Zip Code	
Are there any custody issues? Explain below: <input type="checkbox"/> Yes <input type="checkbox"/> No		Transportation Method (please select one) <input type="checkbox"/> Car <input type="checkbox"/> Bus # _____		Early Dismissal Method <input type="checkbox"/> Car <input type="checkbox"/> Bus # _____	

STUDENT NAME: _____ **SCHOOL:** _____

PARENT/GUARDIAN INFORMATION

This information must be provided. Please provide a minimum of **TWO** emergency contacts.

1 <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian			
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.			
<input type="checkbox"/> Sole Custody		<input type="checkbox"/> Shared/Joint Custody/Guardian.	
First Name		Last Name	
Address			
City	State	Zip Code	
Home Phone Number		Business Phone Number	
Cellular Phone Number		Fax Number	
Email			

2 <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian			
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.			
<input type="checkbox"/> Sole Custody		<input type="checkbox"/> Shared/Joint Custody/Guardian.	
First Name		Last Name	
Address			
City	State	Zip Code	
Home Phone Number		Business Phone Number	
Cellular Phone Number		Fax Number	
Email			

EMERGENCY/CHECK OUT CONTACTS

(PLEASE PROVIDE A MINIMUM OF TWO)

3 <input type="checkbox"/> Stepparent <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	
This person is an emergency/check out contact.	
First Name	Last Name
Address	
Phone Number	

4 <input type="checkbox"/> Stepparent <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	
This person is an emergency/check out contact.	
First Name	Last Name
Address	
Phone Number	

5 <input type="checkbox"/> Stepparent <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	
This person is an emergency/check out contact.	
First Name	Last Name
Address	
Phone Number	

6 <input type="checkbox"/> Stepparent <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	
This person is an emergency/check out contact.	
First Name	Last Name
Address	
Phone Number	

CUSTODY OR GUARDIANSHIP INFORMATION

Student **PRIMARILY** lives with _____
 e.g., Mother, Father, Legal Guardian, Stepmother, Stepfather, other (specify)

If a custody order or any other legal document governing the custody or guardianship of your child exists, a copy or the most recent custody document must be placed in the student record.

Name and date of most current legal document _____ *Attach copy*

NAME

MM/DD/YYYY

Residency Requirement Form

Name of Parent/Guardian: _____

Parent/Guardian Physical Address: _____
 (A post office box number is not acceptable)

LIST EACH STUDENT ATTENDING 2017 SCHOOL YEAR AT LAFAYETTE COUNTY SCHOOL DISTRICT.

STUDENT NAME	GRADE (2017)	STUDENT NAME	GRADE (2017)	STUDENT NAME	GRADE (2017)

I hereby certify that the information given above on this form is a true and correct statement of my legal residence. Should any legal residence change while the above listed students are enrolled in Lafayette County School District, I will promptly notify the appropriate officials of the school district. Further, I understand that a pupil is not legally enrolled until this form is completed and signed by the parent, guardian, or other adult with whom the student may be living. I understand that a pupil admitted under false information is not legally enrolled and is subject to penalty.

SIGNATURE OF PARENT/GUARDIAN

DATE

TELEPHONE NUMBER

***** **BOTTOM TO BE COMPLETED BY THE SCHOOL DISTRICT** *****

- A. Documents provided to me by Parent/Guardian/Other Adult/or Student: (Minimum of 2 required)
 - 1. _____ Filed Homestead Exemption Application Form/Land Tax Receipt (Must be from current year)
 - 2. _____ Mortgage Documents/Property Deed (mortgage documents must indicate current year, if property deed used, physical address must appear on the deed)
 - 3. _____ Apartment or Home Lease (cannot be handwritten receipt and must be in current year)
 - 4. _____ Utility Bills (must be within the last two months prior to registration – no cell phone bills)
 - 5. _____ Automobile Registration (for current vehicle tag- not car title)
 - 6. _____ Any other documentation that will objectively and unequivocally establish that the parent or legal guardian resides within the school district as determined by the registration coordinator, superintendent or designee (no cell phone bill or car insurance statement)
- B. _____ Affidavit of Residency – two of the six items above must be in the homeowner's name. The parent or legal guardian must provide one proof of residency that ties him/her to the residence.
- C. _____ Student is living with legal guardian – a copy of the court order appointing the guardian must be provided to the district. If a petition of guardianship has been filed and the decree is pending, the student or guardian must provide a certified copy of the filed petition for guardianship.
- D. _____ Student is living with an adult other than parent or legal guardian – must meet the same criteria as that of parents or legal guardians as stated in Part A. The adult must provide the school with legal guardianship or custodial papers and provide documentation fully explaining the reason(s)(other than school attendance zone or district preference) for this arrangement. The superintendent or his/her designee will make the necessary factual determinations. Any person who has assumed responsibility for the care and custody of the child shall be expected to begin the process of seeking legal guardianship before enrollment of the child and an approximate completion date must be given. Any legal guardianship formed for the purpose of establishing residency for school district attendance purposes shall not be recognized by the Lafayette County School District.

Date

Representative – School District