

*Registration Form for:*  
**Guthrie Center Elementary School**  
 900 N. 4<sup>th</sup> Street, Guthrie Center, IA 50115

Office use only	
Grade _____	Teacher _____
Bus _____	
JMC _____	File _____
ID _____	

**Student Information**

Date student will be starting school: \_\_\_\_\_

Legal Name	First: _____	Middle: _____	Last: _____
------------	--------------	---------------	-------------

Name child goes by: \_\_\_\_\_

Mailing Address: _____	City: _____	ZIP _____
Street Address: _____ <small>if different than above:</small>	City: _____	ZIP _____
Home Phone: _____	E-Mail: _____	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Student's Date of Birth: _____	Birthplace: _____

If student was not born in the U.S.; when did they immigrate? \_\_\_\_\_

Ethnic Category: (circle one) American Indian    Asian    Black or African American    Hispanic    White

**Primary Household Information**

Child lives with: (circle all that apply)

Mother    Father    Stepfather    Stepmother    Guardian    Foster Parents    Other Adult \_\_\_\_\_

	Name	Birthdate	Birthplace
Father			
Mother			
Step-father			
Step-mother			
Guardian			
Foster Parent			
Other Adult:			

Siblings of the Student:

Name	Birthdate

Other children in the household:

Name	Birthdate

---

## Home Language

---

Does an adult in the household speak a language other than English at home? Yes No

Does the student you are registering speak a language other than English at home? Yes No

What was the first language the student learned? \_\_\_\_\_ English \_\_\_\_\_ (specify) \_\_\_\_\_

---

## Previous School Information

---

Number of previous schools attended \_\_\_\_\_

Last School Attended	Grade	Address of Former School, City State, ZIP

---

Has this student ever attended Guthrie Center Elementary School? Yes No

---

List Schools, besides the last school, that this student has attended:

Name of School	Address, City, State	Grade (s)

---

## Student's Educational Programs

---

Has this student ever been enrolled in a special program? Yes No

If yes, please circle which programs or considerations that student benefited from:

Title Reading Title Math Special Education Resource Speech 504 Plan

TAG (Talented and Gifted)

ESL (English As Second Language)

Other: \_\_\_\_\_

Has this student ever been retained/held back for a grade? Yes No If yes, which grade? \_\_\_\_\_

---

## Transportation

---

Does this student live outside the city limits? NO YES If YES, is a school bus requested? YES NO

If school should be dismissed early because of weather, etc. this student should (circle one)

Ride the bus home

Walk home

Wait for pickup

Go to Daycare- Whose? \_\_\_\_\_

---

## School Information Release

---

Information (report cards, grades, etc.) regarding this student can be released to the parent(s) and/or Guardian and/or Agency such as DHS, OTHER than those listed under Primary Household Info. Do you have someone that will LEGALLY need this information? YES NO if yes, please list below:

Name	Mailing Address	City, State, ZIP	Relationship/Reason

## Emergency and Medical Information

Student's Name \_\_\_\_\_

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

	Name	Name of Daytime Employment	Work Number and Extension	Cell Phone
Mother				
Father				
Step Mom				
Step Dad				
Other Adult in the Household				
Guardian/Foster Parent				

List three local persons (other than yourself or those listed above) usually available during the school day who have agreed to care for and provide transportation for your student if he/she becomes ill or injured and you cannot be reached. We attempt to contact parents first.

Name	Relationship to Student	Daytime Phone	Cell phone

### Health/Medical Alert:

Allergies: NO YES if yes, give details: \_\_\_\_\_

Health/Medical Problems: Are there problems or restrictions which may affect work or play at school? YES NO  
If yes, give details: \_\_\_\_\_

Medication: Are routine medications needed? YES\* NO

\*If YES, give details below:

Medication Name	Dosage	Time(s) Given	Reason for Medication

Doctor's Information	Name	Address	Office Phone
Student's Doctor			
Student's Specialist			

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_