Brewster School District #111
Registration Form

Date of Enrollment: ____________________ | Student # ________________________

Has the student ever enrolled in school in Brewster?  No____ If yes, Month/Year of Attendance _____ / _____

Student’s Legal Last Name __________________ | Preferred Last Name __________________

First Name __________________ | Preferred First Name __________________ | Middle __________________

Grade ______ Male ______ Female ______ Birth Place __________________

Birthdate __/___/____ | Mother Maiden Name __________________

Siblings in school __________________

Please check all that apply

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Non-Hispanic</th>
<th>Mexican/Mexican American/Chicano</th>
<th>Other</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>Am Indian/AK Native</th>
<th>Asian</th>
<th>Black</th>
<th>Native Hawaiian</th>
<th>White</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student lives with</th>
<th>0-Other</th>
<th>1-Both Parents</th>
<th>2- Mother Only</th>
<th>3-Father Only</th>
<th>5-Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-Guardian</td>
<td>7-Mother/Stepfather</td>
<td>8-Father/Stepmother</td>
<td>9-Stepfather and Stepmother</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Any custody restrictions apply to this student? If yes, please explain.____________________________________
_______________________________________________________________________________________

Residence

Did the family move for agricultural reasons? Yes____ No____

Did the Parent/Guardian spend 50% or more of the days worked during the last year mining, farming, or lumbering? Yes____ No____

Is this living arrangement due to loss of housing or economic hardship? Yes____ No____

Is the student’s residence located on federal property? Yes____ No____

Mother or Guardian #1 Mrs. __ Mr. ___ Ms ___ | Father or Guardian #2 Mr. __ Mrs. ___ Ms ___

First Name: _____________________________ | First Name: _____________________________

Last Name: _____________________________ | Last Name: _____________________________

Residence Address: _____________________________ | Residence Address: _____________________________

City: __________________ | ZIP: __

Mailing Address: _____________________________ | Mailing Address: _____________________________

City: __________________ | Zip: __

Home Phone Number: _____________________________ | Home Phone Number: (____) _________

Employer: _____________________________ | Employer: _____________________________

Work# __________ Cell #: __________ | Work# __________ or Cell #: __________

E-mail Address: _____________________________ | E-mail Address: _____________________________

Revised: September 2017
School History
Most recent school attended __________________________________ City/State _______________________/____
Telephone (____) _____ - ____________ FAX (____) _____ - __________
Has the student ever been expelled or suspended from school? If yes please explain. ________________________________

Has the student ever been retained? Yes____ No____ Gr____
Is the student presently enrolled in a Special Education Program? Yes____ No____
Does he/she have a current IEP plan? Yes____ No____
Has the student been screened or processed for special education placement? Yes____ No____
Does the student have a current 504 plan? Yes____ No____
Does the student need accommodations? Yes____ No____
Where did student first attend school? ________________________________ Gr____ Yr____

Military Service
Is the Parent/Guardian of student on active duty in uniformed service of the U.S.? Yes _____ No____
If yes, please complete Verification of Active Duty Military Service form.

Emergency Contact Information
Emergency Contact Person#1 ________________________________ Phone ______________________
Address ________________________________________________ Relationship____________________
Emergency Contact Person #2 ________________________________ Phone ______________________
Address ________________________________________________ Relationship____________________
Child Care Contact ________________________________________ Phone ______________________

Medical Information
Doctor __________________________ Phone ____________ Dentist ____________________________ Phone ____________

Print Name of Parent/Guardian ____________________________________________________________
Signature of Parent or Legal Guardian ____________________________ Date of Registration____________

If the parent/guardian moves to a new residence, changes their home telephone number, place of employment or emergency number, please notify the school within 3 days. Thank you.