

# ALWAYS LEARNING, ALWAYS GROWING

## To register additional students, please use reverse side.

DATE: \_\_\_\_\_\_ School Year: \_\_\_\_\_\_

#### ALL INFORMATION IS REQUIRED

| PARENT/GUARDIAN INFORMATION #1 (additional parent information can be added in the PowerSchool Portal) |                                       |        |                          |          |                         |        |  |
|---|---------------------------------------|--------|--------------------------|----------|-------------------------|--------|--|
| Last Name   | First Name                            |        | (Mr./Mrs./etc.)          |          | Relationship to Student |        |  |
| Street Address  |                                       | City   | I                        |          | Zip Code                |        |  |
| Cell Phone  | Work Phone                            | Vali   | <u>id</u> E-Mail Address |          |                         |        |  |
|   | Parent Marital Status: (circle one) M | arried | Separated                | Divorced | Widowed                 | Single |  |

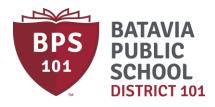
#### ALL INFORMATION IS REQUIRED

| PARENT/GUARDIAN INFORMATION #2 (additional parent information can be added in the PowerSchool Portal) |                                       |        |                      |         |                 |           |        |
|---|---------------------------------------|--------|----------------------|---------|-----------------|-----------|--------|
| Last Name   | First Name                            |        | (Mr./Mrs./           | etc.)   | Relationship to | o Student |        |
| Street Address  |                                       | Ci     | ity                  |         |                 | Zip Code  |        |
| Cell Phone  | Work Phone                            |        | Valid E-Mail Address |         |                 | L         |        |
|   | Parent Marital Status: (circle one) N | /arrie | d Sep                | barated | Divorced        | Widowed   | Single |

#### ALL INFORMATION IS REQUIRED

| STUDENT #1                                  | Admitting School:          |  |                      |                  |                                  |  |  |
|---|----------------------------|--|----------------------|------------------|----------------------------------|--|--|
| Last Name                                   | Firs                       | First Name                             |                      |                  | Middle Name                      |  |  |
| Grade Entering                              | Mother's Maiden Nan        | er's Maiden Name                       |                      |                  | Student Nickname (if applicable) |  |  |
| Date of Birth                               | City & State of Birth      | City & State of Birth                  |                      |                  | Gender                           |  |  |
| Is this student a former Bata               | via Public Schoo           | ol Student? Yes                        | No                   |                  |                                  |  |  |
| Ethnicity (Please circle all th             | at apply)                  |  |                      |                  |                                  |  |  |
| American Indian or Alaskan Native           | Asian/Pacific Islander     | Black or African American              | Hispanic             | White            | Multiracial/Ethnic               |  |  |
| Medical Information                         |                            |  |                      |                  |                                  |  |  |
| Doctor's Name                               |                            | Contact Phone Nur                      | nber                 |                  |                                  |  |  |
| Medical Alert:                              |                            |  |                      |                  |                                  |  |  |
| Known Allergies, medications, etc.          |                            |  |                      |                  |                                  |  |  |
| Special Education – Does thi                | s student have a           | Special Education file?                | Yes                  | No               |                                  |  |  |
| Does this student currently have an IEP, 50 | 4 Plan or receive additior | nal services? If so, please indicate w | hat type of services | are being receiv | ved.                             |  |  |
|   |                            |  |                      |                  |                                  |  |  |
| Non- Parent Emergency Con                   | tact Information           | (first person to notify in cas         | e of emergency       | if parents ca    | annot be contacted)              |  |  |
| Last Name                                   | First Name                 | Contact #                              |                      | Relationship     | o to Student                     |  |  |
|   |                            | 1                                      |                      |                  |                                  |  |  |

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### ALL INFORMATION IS REQUIRED

| STUDENT #2                                  |                                   | <mark>Admitt</mark>              | <mark>ing School:</mark> |                                  |                                  |  |
|---|-----------------------------------|----------------------------------|--------------------------|----------------------------------|----------------------------------|--|
| Last Name                                   | First Name                        |                                  |                          |                                  | Middle Name                      |  |
| Grade Entering                              | Mother's Maiden Name              |                                  |                          |                                  | Student Nickname (if applicable) |  |
| Date of Birth                               | City & State of Birth             |                                  |                          |                                  |                                  |  |
| Is this student a former Bata               | avia Public School St             | udent? Yes                       | No                       |                                  |                                  |  |
| Ethnicity (Please circle all th             | at apply)                         |                                  |                          |                                  |                                  |  |
|   | Asian/Pacific Islander            | Black or African American        | Hispanic                 | White                            | Multiracial/Ethnic               |  |
| Medical Information                         |                                   |                                  |                          |                                  |                                  |  |
| Doctor's Name                               |                                   | Contact Phone Nun                | nber                     |                                  |                                  |  |
| Medical Alert:                              |                                   |                                  |                          |                                  |                                  |  |
| Known Allergies, medications, etc.          |                                   |                                  |                          |                                  |                                  |  |
| Special Education – Does th                 | is student have a Spe             | ecial Education file?            | Yes                      | No                               |                                  |  |
| Does this student currently have an IEP, 50 |                                   |                                  |                          |                                  | ved.                             |  |
|   |                                   |                                  |                          | -                                |                                  |  |
| Non-Parent Emergency Con                    | tact Information (firs            | t person to notify in case       | e of emergency if        | parents ca                       | nnot be contacted)               |  |
| · · ·                                       | First Name                        | Contact #                        |                          | Relationship to Student          |                                  |  |
|   |                                   |                                  |                          |                                  |                                  |  |
| ALL INFORMATION IS REQUI                    | KED                               |                                  |                          |                                  |                                  |  |
| STUDENT #3                                  |                                   |                                  | ing School:              |                                  |                                  |  |
| Last Name                                   | First Nam                         | e                                |                          | Middle Nar                       | ne                               |  |
| Grade Entering                              | Mother's Maiden Name              |                                  |                          | Student Nickname (if applicable) |                                  |  |
| Date of Birth                               | City & State of Birth             | of Birth Gender                  |                          |                                  |                                  |  |
| Is this student a former Bata               | avia Public School St             | udent? Yes                       | No                       |                                  |                                  |  |
| Ethnicity (Please circle all th             | at apply)                         |                                  |                          |                                  |                                  |  |
|   |                                   | Black or African American        | Hispanic                 | White                            | Multiracial/Ethnic               |  |
| Medical Information                         |                                   |                                  |                          |                                  |                                  |  |
| Doctor's Name                               |                                   | Contact Phone Nun                | nber                     |                                  |                                  |  |
| Medical Alert:                              |                                   |                                  |                          |                                  |                                  |  |
| Known Allergies, medications, etc.          |                                   |                                  |                          |                                  |                                  |  |
| Special Education – Does th                 |                                   |                                  | Yes                      | No                               |                                  |  |
| Does this student currently have an IEP, 50 | 04 Plan or receive additional ser | vices? If so, please indicate wh | nat type of services a   | ire being receiv                 | ved.                             |  |
| Non-Parent Emergency Con                    | tact Information (firs            | t person to notify in case       | of emergency i           | narente ca                       | nnot he contacted)               |  |
|   |                                   | t person to notify in case       | OF ETHERBETICY I         | parents ta                       | inior be contacted               |  |