

FOR OFFICE USE ONLY

Student Id _____ STI _____
HmRm Tchr _____ HmRm _____
Entry Code _____ Entry Date _____
Bus# _____

Portsmouth Public Schools

Student Registration and Information Form

School _____

Date _____

Last Name _____ First Name _____ Middle Name _____

Grade _____ Gender _____ Ethnicity (*Choose one only.*) Yes, Hispanic/Latino No, not Hispanic/Latino

Race (*Choose all that apply.*) American Indian/Alaska Native Asian Black/African-American Native Hawaiian/Other Pacific Islander White/Caucasian

Birthdate (MM/DD/YYYY) _____ Birth Certificate Number _____ State of Birth _____

Residential Address _____ City _____ State _____ Zip Code _____ Home Telephone _____

Is Student in a Foster Care Setting? Yes No

Custodial Parent Mother Father Guardian Foster Care Provider Is there a custody order? Yes No

Military Affiliation Student is not military connected Active Duty Reserve National Guard (*Active Duty or Reserve*)

Preschool Experience Head Start Public Preschool Private Preschool/Daycare Department of Defense Child Development Program
 Family Home Daycare Provider No Preschool Experience

PK Weekly Time Codes No Time Less than 15 Hours 15 Hours or More but Less than 30 30 Hours or More

Last school attended _____ Address of school if not in Portsmouth _____

List all Portsmouth Public Schools previously attended. _____

Parent/Guardian/Foster Care Information

1. Relationship _____ Last Name _____ First Name _____ Middle Name _____ Title Mr. Mrs. Ms.

Mailing Address (if different from Residential address) _____ City _____ State _____ Zip Code _____

Home Telephone _____ Cell Phone Number _____ Email Address _____

Employer _____ Occupation _____ Are you the foster care provider? Yes No

Work Address _____ City _____ State _____ Zip Code _____ Work Telephone _____ Ext _____

2. Relationship _____ Last Name _____ First Name _____ Middle Name _____ Title Mr. Mrs. Ms.

Mailing Address (if different from Residential address) _____ City _____ State _____ Zip Code _____

Home Telephone _____ Cell Phone Number _____ Email Address _____

Employer _____ Occupation _____ Are you the foster care provider? Yes No

Work Address _____ City _____ State _____ Zip Code _____ Work Telephone _____ Ext _____

Portsmouth Public Schools

Emergency Contact: Person to contact when parents cannot be located.

First Contact _____ Relationship _____ Telephone _____

Second Contact _____ Relationship _____ Telephone _____

Third Contact _____ Relationship _____ Telephone _____

Health Information

Physician's Name _____ Telephone _____

Medical Alert 1 _____ Medical Alert 2 _____

List any medical information of which the school should be aware (heart disease, diabetes, epilepsy, severe allergies, ear or eye problems, or any chronic conditions, etc.).

What (if any) special services does the pupil receive (IEP, 504, etc.)? _____

Please list any individual(s) who may pick up pupil from school. Identification will be requested.

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Parent's or Guardian's signature is required to authorize the school to contact the above listed person(s) in case of an emergency and authorize the above mentioned person(s) to pick pupil up from school.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____