

MARSS #

Date Received:



STUDENT REGISTRATION FORM

_____/_____
School Year

PLEASE PRINT

Student's Name _____
Last First MI

Address _____

City _____ Zip Code _____ Phone (____) _____ - _____

Birth Date ____/____/____ Country of Origin _____ Gender: F M

How did you hear about STRIDE Academy: _____

Student is Applying for grade: ___ Kindergarten ___ 1st Grade ___ 2nd Grade ___ 3rd Grade ___ 4th Grade
___ 5th Grade ___ 6th Grade ___ 7th Grade ___ 8th Grade

Parent/Guardian Information:

Parent/Guardian 1: First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to Student: _____ Place of Employment: _____

E-Mail Address: _____

Parent/Guardian 2: First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to Student: _____ Place of Employment: _____

E-Mail Address: _____

Guardianship of Student: Both Parents____ Mother____ Father____ Other_____

Are there any court orders restricting access to your child or his/her school records? No: _____ Yes: _____

Name of person restricted: _____

STRIDE requires a copy of court orders for students' records.

Emergency Contact Information:

In the event of illness or an emergency and we are unable to reach the Parent/Guardian please provide the following Emergency Contact Information:

Emergency Contact #1:

Name: _____ Phone Number: _____

Relationship to student: _____

Emergency Contact #2:

Name: _____ Phone Number: _____

Relationship to student: _____

Student's Primary Race/Ethnicity:

Is the student Hispanic/Latino: No _____ Yes _____ if so, **(please specify):** _____

_____ Alaskan Native or American Indian

_____ Asian **(please specify):** _____

_____ Black or African American

_____ Hawaiian or Other Pacific Islander **(please specify):** _____

_____ White

Was your child receiving EL Services in a previous school? _____ No _____ Yes

Can your child read and write in another language? _____ No _____ Yes if so, **(please specify):** _____

Name of School Currently Attending/ Previously Attended: _____

Has your child been classified by Special Education Services with any of the following disabilities? (Check all that apply):

____ Autistic/Autism ____ Deaf Blindness ____ Hearing Impairment ____ Mental Retardation

____ Multiple Disabilities ____ Orthopedic Impairment ____ Emotional Disturbance ____ Specific Learning Disability

____ Speech or language impairment ____ Traumatic Brain Injury ____ Visual Impairment (blindness, etc.)

____ Other health impairment ____ Deafness ____ Developmental Delay ____ Infants and Toddlers with disabilities

____ None

Is your child currently on an IEP? _____ Yes _____ No