

Rapid City High School Registration

Date _____ (For office use only) Records Requested: _____ Date: _____

RC Central _____ RC Stevens _____ (If student is registering at an academy, indicate Home School)
Academy: Jefferson _____ CLC _____ 9th Academy _____ Rushmore _____ 9-10 Program _____

Last School Attended _____ Date Withdrawn _____

School Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Have you ever attended Rapid City Area Schools before? _____ If so, when and where _____

Personal Information:

Full Legal Name _____
(As appears on Birth Certificate) Last First Middle

Street Address _____

City: _____ County: _____ State: _____ Zip: _____ Home Phone: _____

Date of Birth: _____ Age: _____ Gender: _____ Grade: _____

*Social Security # _____

Ethnicity (choose one): _____ No, not Hispanic/Latino _____ Yes, Hispanic/Latino
Race (choose one or more): _____ American Indian or Alaska Native _____ Asian _____ Black or African American
_____ Native Hawaiian or Other Pacific Islander _____ White

Primary language: _____ English _____ Other (specify) _____

Is your current address a temporary living arrangement (ie doubled-up, motel, shelter, campground, etc) Yes _____ No _____

Family Information:

Guardian #1:

Relationship: _____ Last Name: _____ First Name: _____ Home Phone: _____

Home Address: _____ City: _____ County: _____ State: _____ Zip: _____

Employer: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Is this guardian in the National Guard or other military? _____ If so, what branch _____

Guardian #2:

Relationship: _____ Last Name: _____ First Name: _____ Home Phone: _____

Home Address: _____ City: _____ County: _____ State: _____ Zip: _____

Employer: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Is this guardian in the National Guard or other military? _____ If so, what branch _____

If parents are divorced, may both receive information on student? Yes _____ No _____ If no, specify _____

*****If No is checked, a Court Order must be given to the school office for this to be effective*****

Do you have other family members attending Rapid City Area Schools? _____

If so, who & where? _____

Emergency Contact Person: _____ Phone: _____ Relationship: _____

In case of a building/district crisis, indicate a single phone number the district can use to notify you: Crisis # _____

*Pursuant to the Privacy Act of 1974, the Rapid City Area School District requires students to provide their Social Security number during the registration process. This number will be used to insure the uniqueness of the student's registration record and to protect the integrity and safekeeping of student information. The Social Security number will not be used as the primary student identifier and will not be disclosed to any person or agency except as authorized above.

NEW STUDENT ASSESSMENT CHECKLIST
RAPID CITY AREA SCHOOLS – RAPID CITY, SOUTH DAKOTA
(To be completed by parent at time of registration.)

Student's Name: _____ Grade: _____

_____ Is student currently on an IEP? _____

_____ Has student ever been on an IEP? _____

_____ Is student currently under suspension or expulsion? _____

_____ Has student ever been expelled or suspended from school? _____

(If yes, please explain circumstances) _____

It is the intent of the Rapid City Area Schools, that students with special circumstances receive the appropriate services. If your student experiences difficulty or has any special needs, please indicate by checking the appropriate area.

_____ VISUAL – Any serious problems with close or far work.

_____ HEARING – Any serious hearing problems.

_____ PHYSICAL – Any physical problem that will interfere with student's school activities.

_____ MEDICAL – Any medical/health concerns which may interfere with student's school activities.

If yes please explain _____

_____ MEDICATIONS – Please list all oral, injections, inhalants, or other

Medications _____

_____ LEARNING – Special difficulty with one or more academic subjects.

_____ TALENTED & GIFTED – Unusually bright and gifted students.

_____ SPEECH AND/OR LANGUAGE – Difficulties in either area.

_____ EMOTIONAL – Serious problems with appropriate control of behavior.

_____ OTHER – Please explain _____

Parent/Guardian Signature: _____ Date _____

