

**RAPID CITY AREA SCHOOLS #51-4
HIGH SCHOOL REGISTRATION**

Date _____ (For office use only) Records requested _____ Date _____

School:

Central _____ Stevens _____ Jefferson Academy _____ CLC _____ 9th Academy _____
If student is registering at an academy: Home School: Central _____ Stevens _____

Last School Attended: _____ Date Withdrawn: _____

School Address (if not in Rapid City) _____

City _____ State _____ Zip _____ Phone _____ Fax _____

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

PERSONAL INFORMATION:

Student Social Security Number: _____

Full Legal Name: _____

(As Appears on Birth Certificate) Last _____ First _____ Middle _____

Date of Birth _____ Age _____ Sex _____ Grade _____

Ethnicity (circle one) Native American _____ Asian _____ Black _____ White _____ Hispanic _____

Primary Language English _____ Other (specify) _____

Street Address _____ PO Box _____ Home Phone _____

City _____ County _____ State _____ Zip _____

FAMILY INFORMATION:

Guardian 1

Relationship _____ Name (Last, First) _____ Home Phone _____

Home Address _____ City _____ County _____ State _____

Employer _____ Work Phone _____ Cell Phone _____

Is this guardian in the military? _____ If yes, what branch? _____

Guardian 2

Relationship _____ Name (Last, First) _____ Home Phone _____

Home Address _____ City _____ County _____ State _____

Employer _____ Work Phone _____ Cell Phone _____

Is this guardian in the military? _____ If yes, what branch? _____

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

Other family members attending Rapid City Area Schools (name, school, and grade):

Emergency Contact Person _____ Phone _____ Relationship _____

Student's Employer _____ Work Phone _____

Is student married? _____ Spouse's name _____ Number of children _____

Spouse's Employer _____ Work Phone _____

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 _____

School _____

Is student currently on an IEP? Yes No

Has student ever been on an IEP? Yes No

Is student currently under suspension or expulsion? Yes No

Has student ever been expelled or suspended from school? Yes No

If yes, please explain _____

It is the intent of Rapid City Area Schools to ensure 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 below:

_____ 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 _____

RAPID CITY AREA SCHOOLS #51-4

LANGUAGE IDENTIFICATION OTHER THAN ENGLISH

Student _____ Date of Birth _____

School _____ Grade _____

1. Do you speak a language other than English in your home?

Yes _____ No _____

2. If the answer is yes, what language? _____

3. What language does the student speak most? _____

4. What is the ethnic heritage of the student? (please circle one)

Anglo Native American Black Asian/Pacific Islander Spanish Mexican
Other (please specify) _____

Comments or Remarks: _____

Parent/Guardian Signature _____ Date _____

US DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202

TITLE VII STUDENT ELIGIBILITY CERTIFICATION

Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of unorganized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Name of Child _____ Date of Birth _____
(As shown on school enrollment form)

School Name _____ Grade _____

NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is: (please check one)

_____ Federally Recognized, _____ State _____ Organized Indian
Including Alaska Native _____ Recognized _____ Terminated _____ Group Meeting #5 of
the Definition Above

Name of individual with tribal membership: _____

Individual named is (check one): _____ Child _____ Child's Parent _____ Child's Grandparent

Proof of membership, as defined by tribe, band or group is:
Membership or enrollment number (if readily available) _____
OR

Other (explain) _____
Name and address of organization maintaining data for tribe, band or group:

I verify that the information provided above is accurate:

PARENT SIGNATURE _____ Date _____

Mailing Address: _____ City _____ State _____ Zip _____
Phone Number _____