

RCAS STUDENT REGISTRATION K-8

Student Information: (As it appears on birth certificate)

Last Name: _____ First: _____ Middle: _____

Date of Birth: _____ SSN#: _____ Gender: M F Grade Level: _____

Ethnicity: **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

What language does your student speak other than English? _____ **Is this the main language in your home?** Yes No

Is your child on an IEP or 504? Y N Has your child ever been evaluated for special services in the RCAS district? Y N

Does the school(s) need to be aware of: **Restraining order?** Yes No **Custody Papers?** Yes No

****If you have circled yes, written document must be given to the school office for this to be effective. ***

Does your student have **permission** to participate in field trips and physical education classes? Yes No

Instructions for early dismissal because of weather/emergency: Will be picked up by: _____ **OR Ride bus** **OR Walk**

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

Crisis # _____

I **will allow** for my child's photograph to be taken for newspapers or videos taken for television or staff development purposes. Yes No

Last school attended: _____ Address of school: _____

Student resides with: _____ **Relationship to student:** _____

Legal Parent(s)/or Court Ordered Guardian(s): _____

Is your current address a temporary living arrangement (i.e. doubled-up, motel, shelter, campground, etc)? Yes No

FAMILY INFORMATION

Family 1 (Parent/Guardian)

 Relationship Last Name First Name Employer Work Phone Cell Phone
 P.O. Box Address: _____ County _____
 City, State, Zip: _____ Home Phone # _____
 E-mail Address(es): _____

Family 2 (Parent/Guardian if separate address)

 Relationship Last Name First Name Employer Work Phone Cell Phone
 P.O. Box Address: _____ County _____
 City, State, Zip: _____ Home Phone # _____
 E-mail Address(es): _____

In the event the school cannot reach you, please list an emergency contact.

Emergency Name (local and other than parent):	Relationship to student	Emergency Person's Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Daycare or Baby-sitter: _____ **Daycare Phone:** _____

Does your student have any **medical concerns?** _____

Other siblings enrolled in the Rapid City Area Schools

Last Name	First	Middle	School	Grade	Date of Birth

Parent or Guardian Signature _____

Date signed _____

Note: Please notify the school if any of the above information changes.

Revised _____

*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.