



FRANCIS HOWELL SCHOOL DISTRICT STUDENT REGISTRATION

Office Use Only

MOSIS#	Teacher/HMRM	Sub Div Cd	Start Date
ID#	Grade	Bus Rt#	EC
Principal	Cnslr	Bus Slot	

PLEASE PRINT CLEARLY

STUDENT'S LEGAL NAME

Last Name First Name Middle Name Suffix

Nick Name: _____ Grade: _____ Gender: Male Female

Date of Birth: _____ Birthplace/Country: _____

Date entered US: _____ Date entered US school: _____

Home Address: _____ City: _____ State: MO Zip _____

Subdivision: _____ Student's email (if applicable): _____

Is the student Hispanic/Latino? (Choose only one) Yes No

What is the student's race? (Choose all that apply)

White Asian Black or African American American Indian or Alaska Native Native Hawaiian or Pacific Islander

HOME LANGUAGE SURVEY

In order to provide effective instruction for your child, Federal law requires that we test your child if any of the below are answered as anything other than English.

Is a language other than English spoken in the home? Yes No If Yes, language spoken: _____

Does the student speak a language other than English? Yes No If Yes, language spoken: _____

Does or has the student received ELL Services? Yes No Date entered the United States: _____

STUDENT EDUCATION HISTORY

Name & addresses of previous schools:

Grade: _____

Grade: _____

Grade: _____

Has student ever been in Francis Howell before? Yes No Specify: _____

Has student ever been retained? Yes No Specify: _____

Does student have a current IEP? Yes No Specify: _____

Does student have a current 504? Yes No Specify: _____

PLEASE CHECK ANY SPECIAL SERVICES STUDENT HAS RECEIVED IN PREVIOUS SCHOOLS:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Remedial Reading | <input type="checkbox"/> Remedial Math | <input type="checkbox"/> Learning Disabilities |
| <input type="checkbox"/> Gifted | <input type="checkbox"/> Other (please list) _____ | | |



HOUSEHOLD CENSUS INFORMATION

PRIMARY HOUSEHOLD

Parent/Guardian (legal names) with whom student lives – list below.

ADULT #1

ADULT #2

Natural Father Step-Father Guardian
 First/Last Name: _____
 Gender: Male Female
 Work Phone: _____
 Cell Phone: _____
 Email: _____
 Address: _____ City: _____ State: MO Zip: _____
 Home Phone: _____

Natural Mother Step-Mother Guardian
 First/Last Name: _____
 Gender: Male Female
 Work Phone: _____
 Cell Phone: _____
 Email: _____
 Address: _____ City: _____ State: MO Zip: _____

Student Relationship to Adults in Primary Household

FULL NAME of students who are currently Enrolled in school and living in household	Birth Date mm/dd/yy	Adult #1 Relationship to Student			Adult #2 Relationship to Student		
		Father	Step-Father	Guardian	Mother	Step-Mother	Guardian
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECONDARY HOUSEHOLD

Other parent/guardian (legal names) with whom student Does Not live – list below

ADULT #1

ADULT #2

Natural Father Step-Father Other _____
 First/Last Name: _____
 Gender: Male Female
 Work Phone: _____
 Cell Phone: _____
 Email: _____
 Address: _____ City: _____ State: MO Zip: _____
 Home phone: _____

Natural Mother Step-Mother Other _____
 First/Last Name: _____
 Gender: Male Female
 Work Phone: _____
 Cell Phone: _____
 Email: _____
 Address: _____ City: _____ State: MO Zip: _____

Student Relationship to Adults in Secondary Household

FULL NAME of students who are currently Enrolled in school and living in household	Birth Date mm/dd/yy	Adult #1 Relationship to Student			Adult #2 Relationship to Student		
		Father	Step-Father	Guardian	Mother	Step-Mother	Guardian
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

“Non-Custodial parents have legal access to a student’s records and authority to pick up the child – absent a court order stating otherwise.”

DATE: _____

Signature of Parent/Legal Guardian

Relationship to Student