

LA RESOLANA LEADERSHIP ACADEMY

Phone: 505-243-8114 FAX: 505-243-8385

Laresolanaleadership.com

2018-2019 REGISTRATION FORM

TODAY'S DATE: _____ STUDENT ID #: _____ GRADE: _____

LAST NAME		FIRST NAME			MI	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
STREET ADDRESS					HOME PHONE #		
CITY		STATE	ZIP CODE		CELL PHONE #		
EMAIL ADDRESS							
DATE OF BIRTH		AGE	LAST GRADE COMPLETED		GRADE FOR 2018-19 SCHOOL YEAR		
SCHOOL LAST ATTENDED					DATE LAST ATTENDED		
F A T H E R	Last Name	First Name		MI	Living with this parent? Y <input type="checkbox"/> N <input type="checkbox"/>	Legal Guardian? Y <input type="checkbox"/> N <input type="checkbox"/>	Home Phone #
	Street Address					Zip Code	Cell Phone #
	Employer Name & Address						Work Phone #
M O T H E R	Last Name	First Name		MI	Living with this parent? Y <input type="checkbox"/> N <input type="checkbox"/>	Legal Guardian? Y <input type="checkbox"/> N <input type="checkbox"/>	Home Phone #
	Street Address					Zip Code	Cell Phone #
	Employer Name & Address						Work Phone #

Person whom student lives with if other than mother or father: Last Name _____ First Name _____		Relationship:	Legal Guardian? Y <input type="checkbox"/> N <input type="checkbox"/>
Street Address		Home Phone #	Cell Phone #

OVER

EMERGENCY INFORMATION

Emergency Contact (other than parent)		Home Phone #
		Cell Phone #
Family or Primary Care Physician Name		Phone #
Is the Student covered by health insurance? Y <input type="checkbox"/> N <input type="checkbox"/>	Insurance Company Name	
Is the Student covered by Medicaid? Y <input type="checkbox"/> N <input type="checkbox"/>	Medicaid Number	

If Student was not born in the USA – give name of country:	Number of years student has been living in the USA	Has student been consecutively enrolled in USA public schools for more than 3 years? Y <input type="checkbox"/> N <input type="checkbox"/>
Is this student Hispanic or Latino? Y <input type="checkbox"/> N <input type="checkbox"/>	What is the Student's race/ethnicity? <input type="checkbox"/> American Indian/Alaska Native Tribe: _____ <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Additional Race/Ethnicity _____	
Primary Home Language	Students Native Language	

Has your family moved in the past 36 months to another city or state to pick crops, weed fields, work on ranches, or work in canneries?	Y <input type="checkbox"/> N <input type="checkbox"/>
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SPECIAL EDUCATION SERVICES

Does your Student have an IEP? Y <input type="checkbox"/> N <input type="checkbox"/>	Special Services (check all that apply) <input type="checkbox"/> Gifted <input type="checkbox"/> Speech <input type="checkbox"/> Social Work <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Recreational Therapy <input type="checkbox"/> Other
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Does your student have a Behavior/Modification Plan or Student Behavior Contract? <input type="checkbox"/> Y <input type="checkbox"/> N
Has your student been on long-term suspension from another school? <input type="checkbox"/> Y <input type="checkbox"/> N
If yes, please explain: _____ _____ _____