

# LA RESOLANA LEADERSHIP ACADEMY

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

[Laresolanaleadership.com](http://Laresolanaleadership.com)

## 2018-2019 REGISTRATION FORM

TODAY'S DATE: \_\_\_\_\_

STUDENT ID #: \_\_\_\_\_

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	GRADE FOR 2018-19 SCHOOL YEAR		LAST GRADE COMPLETED			
SCHOOL LAST ATTENDED					DATE LAST ATTENDED			
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				
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 #	

OVER

Person whom student lives with if other than mother or father: Last Name <span style="margin-left: 150px;">First Name</span>	Relationship:	Legal Guardian? Y <input type="checkbox"/> N <input type="checkbox"/>
Street Address	Home Phone #	Cell Phone #

### 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

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  N

### HOME LANGUAGE SURVEY

What was the first language or languages your child learned to speak? \_\_\_\_\_

What language or languages does your child understand? \_\_\_\_\_

Does your child speak a language other than English? \_\_\_\_\_

In what language does your child communicate with:

Adults in the home? \_\_\_\_\_

With friends, peers and siblings? \_\_\_\_\_

### 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"/> Occupational Therapy <input type="checkbox"/> Speech <input type="checkbox"/> Recreational Therapy <input type="checkbox"/> Social Work <input type="checkbox"/> Other
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Does your student have a Behavior/Modification Plan or Student Behavior Contract? Y  N

Has your student been on long-term suspension from another school? Y  N

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

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