



Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_ Gen: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Start Date: \_\_\_\_\_

**Registration Checklist**

| <b>Forms (Must submit all of the following)</b>          |  |   |
|--|--|---|
| <input type="checkbox"/> New Student Screening Checklist | <input type="checkbox"/> Housing Questionnaire       | <input type="checkbox"/> Racial/Ethnicity ID Form |
| <input type="checkbox"/> New Student Data Sheet          | <input type="checkbox"/> Home Language Questionnaire |   |

| <b>Proof of Residence (Must submit a minimum of 2, one from Row A and one from Row B)</b> |  |   |  |   |   |
|---|--|---|--|---|---|
| <b>Row A</b>  | <input type="checkbox"/> Lease OR Mortgage Statement | <input type="checkbox"/> Homeowner's Insurance Bill   | <input type="checkbox"/> Closing Statement                               | <input type="checkbox"/> Contract of Sale   | <input type="checkbox"/> Property Tax Bill/Receipt                              |
| <b>Row B</b>  | <input type="checkbox"/> Utility or other bills      | <input type="checkbox"/> Income Tax   | <input type="checkbox"/> Membership documents based on residency         | <input type="checkbox"/> Voter Registration documents   | <input type="checkbox"/> Local, State or Government issued ID documents         |
|   | <input type="checkbox"/> Pay Stub                    | <input type="checkbox"/> Official driver's license, learner's permit or non-driver identification | <input type="checkbox"/> Sworn Statement by third-party (landlord, etc.) | <input type="checkbox"/> Evidence of Custody of Child (custody orders, guardianship papers, etc.) | <input type="checkbox"/> Other (Must be approved by Registrar before submittal) |

| <b>Proof of Birth (Must submit one of the following)</b>        |   |  |   |  |
|---|---|--|---|--|
| <input type="checkbox"/> Birth Certificate                      | <input type="checkbox"/> Passport                   | <input type="checkbox"/> School photo identification card with date of birth | <input type="checkbox"/> Consulate Identification card                | <input type="checkbox"/> Local, State or Government issued identification cards or documents       |
| <input type="checkbox"/> Military dependent identification card | <input type="checkbox"/> Hospital or health records | <input type="checkbox"/> Native American tribal documents                    | <input type="checkbox"/> Court orders or other court issued documents | <input type="checkbox"/> Records from non-profit international aid agencies and voluntary agencies |

| <b>Proof of Parental Relationship (Must submit one of the following)</b> |   |  |
|--|---|--|
| <input type="checkbox"/> Birth Certificate & parent photo ID             | <input type="checkbox"/> Court custody documents & custodian photo ID     | <input type="checkbox"/> Baptismal certificate & parent photo ID |
| <input type="checkbox"/> Court adoption documents & parent photo ID      | <input type="checkbox"/> Court guardianship documents & guardian photo ID | <input type="checkbox"/> Notarized affidavit of emancipation     |

| <b>Health Forms (Must submit Immunization Records at time of Registration)</b> |  |  |
|--|--|--|
| <input type="checkbox"/> Immunization Records                                  | <input type="checkbox"/> Health History Form | <input type="checkbox"/> Dental Certificate (optional) |

| <b>Custody (Only needed if Applicable)</b>     |  |
|--|--|
| <input type="checkbox"/> Current Custody Order | <input type="checkbox"/> Guardianship Document |

**PLEASE BE SURE THAT ALL OF THE ABOVE REQUIREMENTS HAVE BEEN MET BEFORE SUBMITTAL**

**FOR OFFICE USE ONLY:**

\_\_\_\_\_  
**REGISTRAR'S SIGNATURE**

\_\_\_\_\_  
**DATE**