

# Global Concepts Charter School New Student Registration

Student Name: \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade going into: K 1 2 3 4 5 6 7 8

Sex  Male  Female Country of Birth:  U.S.A State \_\_\_\_\_

Born Outside The United States  Yes Date Entered United States: \_\_\_\_\_

City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Please list other siblings living in the home:

_____ Name	_____ Age	_____ Name	_____ Age
_____ Name	_____ Age	_____ Name	_____ Age

I give my permission to Global Concepts Charter School to act in the following manner:

To take my child for walks in the neighborhood.  Yes  No

To screen my child for vision, hearing and speech needs  Yes  No

## SPECIAL ALERTS

Does your child take any medication?  Yes  No (If yes, please explain)

Does your child have any allergies?  Yes  No (If yes, please explain)

Restrictions for participation in some school activities because of religious belief:

Yes  No (If yes, please explain)

Education History:

List previous schools attended and the grade child attended: Grade(s) repeated: \_\_\_\_\_

Name of school	Grade(s)	Date Range

<b>STUDENT RESIDENCY QUESTIONNAIRE</b>
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Questionnaire is intended to address the McKinney Vento Act, USCA 42 (Section 11302a). Your answers will help the district determine residency documents necessary for enrollment.

Is the family in permanent housing?  Yes  No (If no answer remaining questions)

Where is the family presently living?

<input type="checkbox"/>	In a Shelter	<input type="checkbox"/>	In a motel or hotel or campground
<input type="checkbox"/>	In a transitional housing program	<input type="checkbox"/>	In a vehicle
<input type="checkbox"/>	In substandard housing	<input type="checkbox"/>	Awaiting foster care placement
<input type="checkbox"/>	Temporarily with another family because we cannot afford or find affordable housing		
<input type="checkbox"/>	With an adult that is not a parent or legal guardian		
<input type="checkbox"/>	Student living alone without the parent/Guardian (Unaccompanied youth)		
<input type="checkbox"/>	Other please specify situation: _____		

Moved into temporary housing: \_\_\_\_\_  
Date District

Address prior to moving into temporary housing:  
\_\_\_\_\_

Parent Guardian Name(s): \_\_\_\_\_

	Student Names	Birth Date	Age	Next Year's Grade
1				
2				
3				

I am the parent / legal guardian of the above named child and the information provided is correct.

\_\_\_\_\_  
Parent/Guardian 1 Signature Date Parent/Guardian 2 Signature Date