

Jemez Valley Public Schools 2020-21 New Student Registration

Office Use: Student ID	Grade	Date of Birth	Age	Today's Date
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Last Name, First, Middle	Preferred Name	Previous School Name, Address, Phone Number		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		
Ethnicity	Hispanic	Language Spoken at Home and with Friends	Gender	
<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Physical Address (House & Street)	City	State	Zip	Primary Phone
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Mailing Address (House # and Street Name)	City	State	Zip	Is Student Currently Expelled or Suspended from any School or District?
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Special Programs	Medical Info			<input type="checkbox"/> YES List school/district: _____ <input type="checkbox"/> NO
<input type="checkbox"/> Special Education <input type="checkbox"/> 504 Plan <input type="checkbox"/> ESL (English as Second Language) <input type="checkbox"/> Bilingual	<input type="checkbox"/> Health Plan or Diet Restrictions <input type="checkbox"/> Receiving outside services (e.g.: OT, PT, counseling, dental, medical, other)			

<i>Parent/Guardian Information</i>		<i>Please complete all sections</i>		
1st Parent/Guardian Name	Legal Guardian?	Living with this person?	Relationship	Address
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Parent/Guardian's Employer:	Work Phone #	Home Phone #	Cell Phone #	Email Address
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
2nd Parent/Guardian Name	Legal Guardian?	Living with this person?	Relationship	Address
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Parent/Guardian's Employer:	Work Phone #	Home Phone #	Cell Phone #	Email Address
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Name of person with whom the student lives (if other than above)	Legal Guardian?	Relationship	Person's Home Address	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Person's Employer:	Work Phone #	Home Phone #	Cell Phone #	Email Address
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

HAS YOUR CHILD EVER ATTENDED JEMEZ VALLEY PUBLIC SCHOOLS OR SAN DIEGO RIVERSIDE CHARTER SCHOOL? YES NO

Please list all siblings:	Age	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**If not a parent, please turn in guardianship paperwork.*