



**Sergeant Bluff-Luton
Community School District
New Student Registration Form**

Office Use only:	
Entered by:	_____
Student ID #:	_____
Recv'd Date:	_____
Proof of Residency:	_____
Start Date:	_____
Graduation Year	_____

Student Personal Information

Legal Name: _____
Last First Middle Nickname (if applicable)

Gender: _____ M/F Grade Level: _____ SSN: _____

**** Proof of residency is required for new students entering the SBL district, unless siblings already attending.** Examples are: current mortgage statement, utility bill with Sgt. Bluff address, purchase contract with closing date, rental agreement with property owner's name, car registration / title with Sgt. Bluff address.**

Primary Address: _____
Address Apt/Lot# City State Zip Code

Mailing Address if not same as Primary Address: _____
Address / PO Box City State Zip Code

Birth Date: _____ (00/00/0000) County of Residency: _____

Home Phone #: (_____) _____ Cell Phone #: (_____) _____

Ethnicity:	Hispanic	Not Hispanic
The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking 1 or more to indicate what you consider your student's race to be. ***must complete both ethnicity and race information for state reporting***		
Race:	American Indian or Alaska Native	Asian
	Black/African American	White
		Native Hawaiian or Other Pacific Islander

Student's Primary Language: _____
 (If the primary language spoken at home is not English, the student will be administered the CELF-R Test.)

Birth City: _____ Birth State: _____

Migrant Status: _____ If yes, Migrant Number: _____ Immigrant Refugee Program: _____
Yes/ No Yes/ No

Date Entered US School: _____ (00/00/0000) Country of Immigration: _____

TK/KDGN only: Has your child attended Preschool? _____ If so, where? _____
Yes/ No

FOR PROOF OF IDENTIFICATION, WE MUST HAVE PROOF OF DATE OF BIRTH FOR YOUR CHILD. This includes adoption record, certified statement of a physician, an immunization record with birthdate and / or anything else that is reasonably reliable.

Additional Information

The school will use the following information in order to make the appropriate class placement(s) for the student being registered. Any information that can be added will be appreciated so that the school knows the student as a unique member of the school community.

Updated: 6/2/2017

Does the student need any of the following services? Speech Hearing Vision Language
 Does the student have any of the following handicapping conditions? Physical Learning
 Has the student been in special education? Yes No
 Is there a current IEP? Yes No
 Does this student have a 504 Plan? Yes No
 Has the student been in Chapter 1/Title 1? Yes No
 Was your child participating in English as a Second Language Program (ELL/ESL) at their previous school? Yes /No
 Has the student been in an extended learning program (ELP) or a talented and gifted program (TAG)? Yes / No
 Is your student interested in band (5-12) or choir (6-12)? Choir Band- If so, list Instrument: _____

Transportation To/ From Sergeant Bluff-Luton School: Please circle a choice for before and after school.

Before School:

Walk / Bike Basic	Drive Bluffs Little Thinkers	Drop Off Little Lambs	Bus Building Blocks
----------------------	---------------------------------	--------------------------	------------------------

After School:

Walk / Bike Basic	Drive Bluffs Little Thinkers	Pick Up Little Lambs	Bus Building Blocks
----------------------	---------------------------------	-------------------------	------------------------

In-Home Daycare Provider Name: _____
 (if needed) First Last Phone #

_____ Address City State Zip Code

If high school driver, list Make / Model / Color and Plate Number of vehicle: _____

Alternate Transportation Notes: _____

Primary Household Information (With whom does the child reside): Both Parents (same household)

Mother	Father	Joint Custody	Step-Parent	Other
--------	--------	---------------	-------------	-------

Parent/Guardian Residing with Student: Guardian: Yes / No Relationship to Student: _____

First: _____ Middle Initial: _____ Last: _____ Gender: M / F

Email Address: _____ Place of employment _____

Home Phone #: (_____) _____ Cell Phone #: (_____) _____

Work Phone #: (_____) _____ Ext. _____ Accepts texts to cell #: _____
Yes/No

Call Order: _____ Can this Parent/Guardian receive school mailings/internet access for this child?: _____
Yes/No

Spouse of Parent/Guardian Residing with Student: Guardian: Yes / No Relationship to Student: _____

First: _____ Middle Initial: _____ Last: _____ Gender: M / F

Email Address: _____ Place of employment _____

Home Phone #: (_____) _____ Cell Phone #: (_____) _____

Work Phone #: (_____) _____ Ext. _____ Accepts texts to cell #: _____

Call Order: _____ Can this Parent/Guardian receive school mailings/internet access for this child?: _____
Yes/No

**** IS EITHER PARENT:** _____ an **active duty member** of the uniformed services, _____ **National Guard**, or _____ **Reserves**; _____ if so, are they on **active duty** orders? Yes / No

Secondary Household - Is there a parent / guardian NOT residing with Student (non-custodial parent, etc)? If **yes**, list:

First: _____ Middle Initial: _____ Last: _____ Gender: M / F

Email Address: _____ Place of employment _____

Address: _____
Street, Rural Route Number, and/or PO Box City State Zip Code

Home Phone #: (_____) _____ Cell Phone #: (_____) _____

Work Phone #: (_____) _____ Ext. _____ Call Order: _____

Spouse name: : _____ Accepts texts to cell #: _____
1st, 2nd, 3rd Yes/No

Can this Parent(s) / Guardian(s) receive school mailings/internet access for this child?: _____
Yes/No

Custody Arrangements

Are there legal restrictions concerning the non-custodial parent? Yes / No

*** If Yes, please provide legal documentation on any restrictions to place in the student's file. Without such legal documentation, we cannot restrict parental visitations, access to student's records or receive mailings.

The school needs to know who to contact in case of an illness. This should be someone other than the custodial parent(s). Local emergency numbers recommended (preferably within 30 minutes). We will always try to reach parent / guardian first.

Emergency Contact 1: Relationship to Student: _____

First: _____ Middle Initial: _____ Last: _____ Gender: M / F

Email Address: _____ Place of employment _____

Address: _____
Street, Rural Route Number, and/or PO Box City State Zip Code

Home Phone #: (_____) _____ Cell Phone #: (_____) _____

Work Phone #: (_____) _____ Ext. _____

Emergency Contact 2: Relationship to Student: _____

First: _____ Middle Initial: _____ Last: _____ Gender: M / F

Email Address: _____ Place of employment _____

Address: _____
Street, Rural Route Number, and/or PO Box City State Zip Code

Home Phone #: (_____) _____ Cell Phone #: (_____) _____

Work Phone #: (_____) _____ Ext. _____

Permissions: You have my permission / understanding for this student for the following:

Field Trips: yes / no

Locker / Property Search: yes / no

Internet Access/Gmail: yes / no

School Directory: yes / no

Photo Release: yes / no

Inform Military (High school only): yes / no

Inform Post Secondary (High school only) yes / no

Student's Previous School District

The school needs to know the name and address of the last school that the student attended prior to entry into the Sergeant Bluff-Luton Community Schools. Information regarding the student's attendance and records will be required from this school.

School Name: _____ School Phone Number: (_____) _____

School Fax Number: (_____) _____ School Principal and/or Teacher: _____

School Address, City, State, Zip: _____

Last Day of Attendance at this School: _____ Reason for Leaving: _____

RELEASE OF SCHOOL RECORDS

In accordance with the Family Educational Rights and Privacy Act of 1975, I hereby authorize the release of the school named below of all records, including grades and health records, as well as psychological, social, educational, or developmental information regarding the following student(s):

Name Birth Date Grade

Name Birth Date Grade

Name Birth Date Grade

Name Birth Date Grade

Date Parent/Guardian Signature

***Out of state- High school students- please include 4 year plan with the transcripts.

*** For all students- any IEP / 504 records if applicable.

Please send records to each individual building:

Grades Pre-K-2

Sergeant Bluff-Luton Primary
206 South D Street
Sergeant Bluff, IA 51054
Phone: (712)943-5564
Fax: (712)943-1161

Grades 3-5

Sergeant Bluff-Luton Elementary
201 Port Neal Rd.
Sergeant Bluff, IA 51054
Phone: (712)943-5563
Fax: (712)943-4214

Grades 6-8

Sergeant Bluff-Luton Middle School
208 Port Neal Rd.
Sergeant Bluff, IA 51054
Phone: (712)943-4235
Fax: (712)943-8780

Grades 9-12

Sergeant Bluff-Luton High School
708 Warrior Road
Sergeant Bluff, IA 51054
Phone: (712)943-5561
Fax: (712)943-5887

Date Principal or Designee

According to the Final Regulations-Family Education Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain written consent to release records. When a student has indicated his/her intention to enroll, the updated regulations state the student records may be exchanged between educational institutions without written consent for such a release.