

# NEW STUDENT REGISTRATION CHECKLIST

NAME: \_\_\_\_\_ ID# \_\_\_\_\_

TRANSFERRED FROM: \_\_\_\_\_

GRADE: \_\_\_\_\_ SECTION ASSIGNMENT: \_\_\_\_\_

LOCKER # \_\_\_\_\_ COMBINATION: \_\_\_\_\_

\_\_\_\_\_ ENTERED IN COMPUTER

\_\_\_\_\_ SIGNED AUTHORIZED RELEASE FOR RECORDS FORM

\_\_\_\_\_ THREE (3) PROOF OF RESIDENCY

\_\_\_\_\_ RECEIVED CUSTODY DOCUMENTS

\_\_\_\_\_ SEND FOR RECORDS Date \_\_\_\_\_

\_\_\_\_\_ RECEIVED RECORDS Date \_\_\_\_\_

\_\_\_\_\_ MISSING GRADES TO TEACHERS

\_\_\_\_\_ RECEIVED HEALTH RECORDS \_\_\_\_\_ 7<sup>TH</sup> GRADE MMR SHOT

\_\_\_\_\_ IEP/TEAM REORT ON FILE

\_\_\_\_\_ RECEIVED STUDENT HANDBOOK

\_\_\_\_\_ RECEIVED AUP FORM

\_\_\_\_\_ SCHEDULE CREATED

\_\_\_\_\_ RETURNED LUNCH APPLICATION FORMS

\_\_\_\_\_ RETURNED EMERGENCY MEDICAL FORMS

\_\_\_\_\_ NOTIFICATION TO NURSE

\_\_\_\_\_ NOTIFICATION TO OFFICER GARY

\_\_\_\_\_ NOTIFICATION TO PRINCIPALS

\_\_\_\_\_ FILE COMPLETE