



Office Use

____ Enrollment Form	____ Health (if applicable)	____ Date Received	____ Grade
____ Addresses	____ Household		
____ Relationships	____ Permissions		
____ People	____ Residence		____ Teacher
____ Birth Certificate	____ Immunizations		

**Student Information**

Student's Full Legal Name: Last \_\_\_\_\_ Gender  F  M DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

**Ethnicity/Race** (Completed by:  Parent/Guardian  Student  Observer)

Step 1- Hispanic/Latino  Yes  No (Cuban, Mexican, Puerto Rican, South or Central American, or any other Spanish culture regardless of race)

Step 2- Check ALL that apply:

American Indian/Alaska Native  Asian  White  African American  Native Hawaiian/Pacific Islander

**Military Families** Does student have a parent on active duty in regular Armed Forces, National Guard, or Reserves?  Yes  No

Student is currently receiving **specialized services**  yes  no If yes, indicate those services below. Documentation may be required

Gifted/Talented  Special Education/IEP  Speech/Language/Hearing  Title I  504  other: \_\_\_\_\_

**Student Residency** Where does the student stay at night? Check ONE (*Identifying students who may qualify for additional services*)

Own or Rent residence (apartment, home, mobile home)  Transitional (awaiting foster care, shelter)

Doubled Up (due to hardship)  Unsheltered (car, campground)  Hotel/Motel  other: \_\_\_\_\_

**Parent/Guardian Relationships** (All parents/guardians must be listed unless current legal documents are submitted)

**Parent 1** (contact priority #1) Relationship:  Mother  Father

Last \_\_\_\_\_ First \_\_\_\_\_

Physical Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

Guardian	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receives mailings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parent Portal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Messenger	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Parent/Guardian Relationships** (All parents/guardians must be listed unless current legal documents are submitted)

**Parent 2** (contact priority #2) Relationship:  Mother  Father

Last \_\_\_\_\_ First \_\_\_\_\_

Physical Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

Guardian	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receives mailings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parent Portal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Messenger	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Sibling(s)** Attending Lolo School District

Last \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_

**Other Contacts** (Persons authorized to pick up student and to care for student in an emergency.)

Last \_\_\_\_\_ First \_\_\_\_\_ Relationship to student \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Relationship to student \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Relationship to student \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

**Medical/Heath Alert?**  yes  no If yes, briefly describe: \_\_\_\_\_

**Affirmation & Acknowledgment**

I understand that I must provide copies of any current legal documents to the school. I understand that the school does not monitor or enforce parenting plans. I affirm that the information above is true and accurate.

\_\_\_\_\_ (signature) \_\_\_\_\_ (date) \_\_\_\_\_ (printed name)