

**WALSH RE-1 SCHOOL
CONFIDENTIAL ENROLLMENT FORM**

ENROLLMENT DATE _____ UPDATED (use different color ink) _____

CHILD'S NAME _____ BIRTHDAY _____

CHILD'S ADDRESS _____

STREET/P.O BOX

CITY

ST

ZIP

PHONE _____ MESSAGE PHONE _____

CHILD LIVES WITH: BOTH PARENTS _____ MOTHER _____ FATHER _____ OTHER _____

MOTHER'S NAME _____ BIRTHDAY _____

PLACE OF EMPLOYMENT _____ PHONE _____

SCHOOL GRADE COMPLETED _____

FATHER'S NAME _____ BIRTHDAY _____

PLACE OF EMPLOYMENT _____ PHONE _____

SCHOOL GRADE COMPLETED _____

GUARDIAN'S NAME _____ RELATIONSHIP _____

OTHER CHILDREN IN THE FAMILY
(OLDEST FIRST)

LIVE IN HOME SEX BIRTHDATE

OTHERS LIVING IN HOME

RELATIONSHIP TO CHILD

RACE/ETHNICITY OF CHILD: _____ NATIVE AMERICAN INDIAN
_____ ASIAN/PACIFIC ISLANDER
_____ WHITE/CAUCASIAN

_____ BLACK
_____ HISPANIC
_____ OTHER

LANGUAGE SPOKEN IN HOME _____

FAMILY DOCTOR _____ PHONE _____

BIRTH VERIFICATION _____ IMMUNIZATION _____ SOCIAL SECURITY CARD _____

(COPIES OF THESE DOCUMENTS MUST BE SUPPLIED PRIOR TO ADMISSION!!)