



STAPLES-MOTLEY SCHOOL DISTRICT ENROLLMENT FORM

NOTE: It is important you fill out both sides of this form completely so we may accurately update your information.

Student's Legal Name _____
(Last) (First) (Middle)

Enrollment Date: ____/____/____ Grade: _____ Male Female Birthdate: ____/____/____

Student's Ethnicity: Hispanic or Latino? Yes No

Student's Race: White Black or African American American Indian or Pacific Islander Hispanic Asian
Native Hawaiian Alaska Native Interracial

PUPIL LIVES WITH: Both Parents Father Mother Step-Father Step-Mother Other: _____

If child lives with only one parent, should the other parent receive school information? YES NO

If yes...which of the following: Report cards Conference notice Newsletters Other _____

Please check here if there is a legal documentation prohibiting the non-custodial parent from seeing this child at school or receiving any school information. Please send a copy of the legal documentation to be kept in the student's file.

Family/Guardian Information **Household One** Family/Guardian Information **Household Two**

(Both Parent's Names)

(Father or Mother's Name)

(Address)

(Address)

(City, State, Zip)

(City, State, Zip)

(Home Phone Number)

(Home Phone Number)

(Cell Phone Number)

(Cell Phone Number)

(Work Phone Number)

(Work Phone Number)

(County of Residence)

(County of Residence)

Are you a resident of another district? Yes No *if yes, what district?* _____

Please allow family access for our child's records

Please allow second household access for student's records

(First Parent Email Address)

(Second Parent Email Address)

EMERGENCY CONTACT INFORMATION AUTHORIZED BY PARENT:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

WHERE DOES THE STUDENT RESIDE: (Please check all that applies)

- Lives with one or both parents:* in their Home/Apartment In a Shelter
- With Friends or Family Staying in a Hotel/Motel
- Other _____

LIST OTHER CHILDREN (Youngest to oldest – Birth to Grade 12):

Name	Sex	Grade	Date of Birth
_____	___	___	___/___/___
_____	___	___	___/___/___
_____	___	___	___/___/___
_____	___	___	___/___/___

CHECK IF YOUR CHILD HAS BEEN RECEIVING ANY OF THE FOLLOWING SPECIAL EDUCATION SERVICES:

- Learning Disability (*LD*)
- Emotional Behavioral Disability (*EBD*)
- Speech
- Title I
- Developmental Cognitive Disability (*DCD*)
- Developmental Delay (*DD*)
- English Language Learner (*ELL*)

IF YOUR CHILD ATTENDS A CHILDCARE before and/or after school, please list below:

Childcare Provider: _____ **Phone Number:** _____

Address: _____

Signature:

Date:

(Parent, legal representative of student)

(mm/dd/yyyy)



HEALTH INFORMATION

**Emergency Plans and special diet statements must be completed yearly.*

Student's Name: _____

Birth Date: _____ **Grade:** _____

Does your child have any health conditions?

Asthma* (inhaler? Yes No) ADHD/ADD Seizures* Diabetes
 Other (and please list any specific instructions) _____

Allergies _____

Does the allergy require an EPI Pen*? Yes No

Does your child require a special diet?

Yes* No *if yes, explain* _____

Does your child take medications daily or as needed? Yes No

Where will your child be taking their medication? Home School or Both

What medication does your child take? _____

Does your child wear glasses? Yes No

Other health information or concerns?

If your child is in the Health Office, which parent do you want us to contact first?

Name: _____ **Phone Number:** _____

Reminder: *The school district does not supply OTC (over-the-counter) medications for students. If you anticipate your child needing an OTC, please provide this to the Nurse's Office, along with the form found on the school website titled Authorization to Dispense. All prescription and OTC medication MUST be supplied in the original labeled container. All forms for the Health Office will be found on our website or from the school nurse.*

Signature:

Date:

(Parent, legal representative of student)

(mm/dd/yyyy)