

Enrollment Form for Bldg 3 - Dexter Elementary School

First Name:	Middle:	Last Name:	
Preferred Name:	Grade:	Birth Place:	DOB:
Race:	Amer. Indian or Alaska Native	Asian	Black or African American
		Native Hawaiian/Pac Islander	White <i>(underline)</i>
Hispanic/Latino? Yes No <i>(underline one)</i>	Gender:	Home Lang.:	
Access Internet?	Cell #	Email:	

PRIMARY HOUSEHOLD (STUDENT RESIDES AT)

Mailing:			Street:		
City:	State:	Zip:	City:	State:	Zip:

Information for adults living at the above address.

Name:	Relationship:	Employer:	
Work #	Cell #	POL Account:	Receive Printed Mailings:
Email:	Wk Email:	Home #	
Name:	Relationship:	Employer:	
Work #	Cell #	POL Account:	Receive Printed Mailings:
Email:	Wk Email:	Home #	

ALTERNATE HOUSEHOLD (NON CUSTODIAL)

Mailing:			Street:		
City:	State:	Zip:	City:	State:	Zip:

Information for adults living at the above address.

Name:	Relationship:	Employer:	
Work #	Cell #	POL Account:	Receive Printed Mailings:
Email:	Wk Email:	Home #	
Name:	Relationship:	Employer:	
Work #	Cell #	POL Account:	Receive Printed Mailings:
Email:	Wk Email:	Home #	

ALTERNATE HOUSEHOLD (NON CUSTODIAL)

Mailing:			Street:		
City:	State:	Zip:	City:	State:	Zip:

Information for adults living at the above address.

Name:	Relationship:	Employer:	
Work #	Cell #	POL Account:	Receive Printed Mailings:
Email:	Wk Email:	Home #	
Name:	Relationship:	Employer:	
Work #	Cell #	POL Account:	Receive Printed Mailings:
Email:	Wk Email:	Home #	

EMERGENCY CONTACTS: Enter additional contacts not listed above.

Name:	Relationship:	Email:
Home #	Work #	Cell #
Name:	Relationship:	Email:
Home #	Work #	Cell #
Name:	Relationship:	Email:
Home #	Work #	Cell #

Emergency Medical Information

Physician:	Phone:	Hospital:
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Medical Notes:

Daycare Information (if applicable)

Provider:	Phone:
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SIBLINGS (other students living at same address)

First Name	Middle Name	Last Name	Grade	Birthdate	School Name

Completed By: _____ Signature: _____ Date: _____