

**Enrollment Form for Bldg 2 - Dexter Middle School**

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

**PRIMARY HOUSEHOLD (STUDENT RESIDES AT)**

<b>Mailing:</b>		<b>Street:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>City:</b>
			<b>State:</b>
			<b>Zip:</b>

*Information for adults living at the above address.*

<b>Name:</b>	<b>Relationship:</b>	<b>Employer:</b>	
<b>Work #</b>	<b>Cell #</b>	<b>POL Account:</b>	<b>Receive Printed Mailings:</b>
<b>Email:</b>	<b>Wk Email:</b>	<b>Home #</b>	
<b>Name:</b>	<b>Relationship:</b>	<b>Employer:</b>	
<b>Work #</b>	<b>Cell #</b>	<b>POL Account:</b>	<b>Receive Printed Mailings:</b>
<b>Email:</b>	<b>Wk Email:</b>	<b>Home #</b>	

**ALTERNATE HOUSEHOLD (NON CUSTODIAL)**

<b>Mailing:</b>		<b>Street:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>City:</b>
			<b>State:</b>
			<b>Zip:</b>

*Information for adults living at the above address.*

<b>Name:</b>	<b>Relationship:</b>	<b>Employer:</b>	
<b>Work #</b>	<b>Cell #</b>	<b>POL Account:</b>	<b>Receive Printed Mailings:</b>
<b>Email:</b>	<b>Wk Email:</b>	<b>Home #</b>	
<b>Name:</b>	<b>Relationship:</b>	<b>Employer:</b>	
<b>Work #</b>	<b>Cell #</b>	<b>POL Account:</b>	<b>Receive Printed Mailings:</b>
<b>Email:</b>	<b>Wk Email:</b>	<b>Home #</b>	

**ALTERNATE HOUSEHOLD (NON CUSTODIAL)**

<b>Mailing:</b>		<b>Street:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>City:</b>
			<b>State:</b>
			<b>Zip:</b>

*Information for adults living at the above address.*

<b>Name:</b>	<b>Relationship:</b>	<b>Employer:</b>	
<b>Work #</b>	<b>Cell #</b>	<b>POL Account:</b>	<b>Receive Printed Mailings:</b>
<b>Email:</b>	<b>Wk Email:</b>	<b>Home #</b>	
<b>Name:</b>	<b>Relationship:</b>	<b>Employer:</b>	
<b>Work #</b>	<b>Cell #</b>	<b>POL Account:</b>	<b>Receive Printed Mailings:</b>
<b>Email:</b>	<b>Wk Email:</b>	<b>Home #</b>	

**EMERGENCY CONTACTS: Enter additional contacts not listed above.**

<b>Name:</b>	<b>Relationship:</b>	<b>Email:</b>
<b>Home #</b>	<b>Work #</b>	<b>Cell #</b>
<b>Name:</b>	<b>Relationship:</b>	<b>Email:</b>
<b>Home #</b>	<b>Work #</b>	<b>Cell #</b>
<b>Name:</b>	<b>Relationship:</b>	<b>Email:</b>
<b>Home #</b>	<b>Work #</b>	<b>Cell #</b>

**Emergency Medical Information**

<b>Physician:</b>	<b>Phone:</b>	<b>Hospital:</b>
<b>Medical Notes:</b>		

**Daycare Information (if applicable)**

<b>Provider:</b>	<b>Phone:</b>
------------------	---------------

**SIBLINGS (other students living at same address)**

First Name	Middle Name	Last Name	Grade	Birthdate	School Name

Completed By: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_