

**Enrollment Form for Bldg 1 - Dexter High 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>	
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**Medical Notes:**

**Daycare Information (if applicable)**

<b>Provider:</b>			<b>Phone:</b>		
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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: \_\_\_\_\_