

SUPERIOR CENTRAL SCHOOL DISTRICT
Student Enrollment Form

Office use- UIC:

Full Legal Name: _____ M / F _____

Mailing Address: _____ Physical Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Cell Phone: _____

Birthdate: _____ City of Birth: _____ Grade: _____

School Previously Attended: _____

Race and Ethnicity: (Note: Both Part A and Part B of the question **must be** answered.)

Part A: **Is this student Hispanic/Latino?** (Choose only one)

No, not Hispanic/Latino **Yes, Hispanic/Latino**

Part B: Primary and/or Secondary number 1, 2, 3 for the one or more that apply

What is the student's race? (Choose one or more.) *A person having origins in any original peoples of.....*

American Indian or Alaska Native (North & South American, including Central America)

Asian (Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand and Vietnam.)

Black or African American (Black racial groups of Africa.)

Native Hawaiian or Other Pacific Islander (Hawaii, Guam, Samoa or other Pacific Islands.)

White (Europe, the Middle East or North Africa.)

NOTE: Both parts A and B **MUST** be completed. We encourage you to select an answer for **both** parts. If either part (A or B) is not answered, the U.S. Department of Education **requires** the school district to supply an answer on your behalf.

Language Spoken at Home: _____

Father/Guardian Name: _____

Home Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email Address: _____

Mother/Guardian Name: _____

Home Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email Address: _____

In case of emergency, we will attempt to contact parent/guardian first. In the event we cannot do this, please provide the name of a relative or close friend that we may contact:

Name: _____

Relationship to student: _____

Home Phone: _____ Work Phone: _____

Special Services your child has received at previous school- Check all that apply

Speech Therapy _____ Social Work _____ Other _____ Date of last IEP _____

Resource Room _____ LD _____ EI _____ CI _____ PI _____ AI _____ OHI _____

Is your child currently taking any medication? Yes No Type and dosage: _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Does your child have any particular medical problems of which the teachers should be aware of?

If so, please explain: _____

I attest that the information contained herein is correct to the best of my knowledge.

(Legal Parent/Guardian's Signature) (Today's Date)

Office use-date of enrollment