
WELLSVILLE ELEMENTARY*USD 289*ENROLLMENT

Student Information:

School Use Only

Name _____
(Last) (First) (Middle)

Enrollment Date _____

Residency Address _____

Grade ____ Teacher _____

(City Apt #, State, Zip)

PO Box# _____ County _____

Phone Number _____

Birthdate _____ Male ____ Female ____

Student Lives With: (Check one) ____ Both Parents ____ Mother only ____ Father Only
____ Each Parent Alternately ____ Legal Guardian ____ Foster Home ____ Other _____

Parent/Guardian Information

First Contact (parent/guardian) _____

Relationship _____

Cell# _____

Home Ph# _____

Home Address (City, State, Zip) _____

Employer _____ Work ph# _____

Email _____

Second Contact (parent/guardian) _____

Relationship _____

Cell# _____

Home Ph# _____

Home Address (City, State, Zip) _____

Employer _____ Work ph# _____

Email _____

Race and Ethnicity

Please complete both Part A and Part B

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

____ No, not Hispanic/Latino

____ Yes, Hispanic/Latino (A person who is Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

Part B: What is the student's race? (Choose one or more)

____ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.)

____ **Asian** (A person having origins in any of the original peoples of the Far East, South-east Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)

____ **Black or African American** (A person having origins in any of the black racial groups of Africa.)

____ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

____ **White** (A person having origins in any of the original peoples of Europe, the Middle East or North Africa)

Sibling Information

Sibling Name _____ Grade _____ Birthdate _____

Sibling Name _____ Grade _____ Birthdate _____

Sibling Name _____ Grade _____ Birthdate _____

Emergency Information: Persons who will assume care of child in emergencies if parents/guardians

Are unavailable, i.e. Day care providers/relative or friend

Name _____ Relationship _____ Ph# _____

Name _____ Relationship _____ Ph# _____

Name _____ Relationship _____ Ph# _____

Adult having legal rights with whom the student does not reside:

Name _____ Relationship _____

Address _____ Ph# _____ Wrk# _____

(student address, City, St, Zip)

Cell# _____ Email _____

If unable to contact parents and emergency caregivers and it is deemed a true emergency by the school, I give permission for any of my children listed on this form to be transported by ambulance to the nearest hospital. I understand that USD 289 is not financially responsible for individual, medical, dental, emergency transportation, or hospital services. I give permission for the information in my child(ren)'s health records to be shared with other appropriate professionals, including by child's physician. It is the parent/guardian responsibility to notify the school of changes in address, phone, or emergency contacts.

Sign: _____ **Date** _____